

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

81552
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. CONLEY CLINICAL HOSPITAL St. 3650
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

615 MRS. GLADYS HOPE TAYLOR PARVIN
 (a) Residence, No. 87TH & BLUE RIDGE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SEPARATED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ARNOLD N. PARVIN (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-3-1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 11 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. MAID
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME
 10. Date deceased last worked at this occupation (month and year) AUGUST-1939 11. Total time (years) spent in this occupation 2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FUREKA KANSAS
 FATHER 13. NAME CHARLES E. TAYLOR
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANTOUL ILLINOIS
 MOTHER 15. MAIDEN NAME EVA COZINE
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EMPORIA KANSAS
 17. INFORMANT (ADDRESS) MRS CHARLES E TAYLOR R.R.#1 INDEPENDENCE, MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE SEPT-18 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD
Sept 18 1939 M.M. Brown
 20. FILED Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER-15, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1939, to Sept 15, 1939
 I last saw him/her alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 2:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute Dilatation Stomach 2 days
Incarcerated Cecum 90 days
Uteri
 Other contributory causes of importance:
 Name of operation Panhysterectomy Date of Sept 11/39
 What test confirmed diagnosis? Biopsy Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) George J. Conley, M. D.
 (Address) 2 N. Third Bldg. W.C. Mo

5010-112-35 I X 14028

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 18 1939

212
2-4
Jasper Blagg
116 N. 47th St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *C. Hervey Guisenberry*

Licensed Embalmer No..... *4070*

P. O. Address..... *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.