

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11228

State File No. _____

Registration District No. 400

Primary Registration District No. 5552B

Registrar's No. 56

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48

1. PLACE OF DEATH:

(a) County Jackson Prairie, Mo.

(b) City or town Jackson Co Home, Little Blue

(c) Name of hospital or institution: Jackson Co Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs
(Specify whether years, months or days)

In this community 50 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jefferson Parr, 60y

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Apr 12 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 28
If less than one day hr. min.

9. Birthplace Mo. B
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Parr

13. Birthplace Mo. B
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Jackson

(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof Mar 12 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lobb. Co

18. (a) Signature of funeral director R Beumba

(b) Address Blue Springs Mo

19. (a) 3/11/40 (b) John S. Thomas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles N Lees Summit Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1940 hour 8. minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-1-40 to 3-10-40

that I last saw him alive on 3-9-40

and that death occurred on the date and hour stated above.

Immediate cause of death senile debility

Due to _____

Due to _____

Other conditions 162
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

932 _____
(Specify type of place) (e) Means of injury

23. Signature W Greene (M. D. or other) _____

Address Independence Mo Date signed 3/16 40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.