

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(c) Name of hospital or institution: St. Lukes Hosp.
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 1924
In this community 10 yrs. 9 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Phillip Parrott
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida M.
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased November 11 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 11
If less than one day hr. min.

9. Birthplace New Salem Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Manager and

11. Industry or business live stock Commissioner

MOTHER FATHER
12. Name Jackson Parrott
13. Birthplace Perry Co., Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Wiseman
15. Birthplace New Salem Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ida M. Parrott
(b) Address 3924 McGee St., Kansas City, Mo.

17. (a) Cremation (b) Date thereof Sept. 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza K. C., Mo.

19. (a) 9-24-40 (b) M. M. Berow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 0 81st and Wornall Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 22
year 1940 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1940, to Sept 22, 1940;
that I last saw him alive on Sept 22, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse purulent bile peritonitis
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 12463

Major findings: Of operations
Of autopsy diffuse purulent bile peritonitis
Cirrhosis of liver. Cho. cholelithiasis
PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature R. T. H. Orr (M. D. or other M.D.)
Address 315 Alameda Rd. Kansas City Date signed 9/23/40

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.

W. J. D. M.
1848

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address W. C. Meo

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.