No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5910

Registration District No. 399 — Primary Registration District No. 1602 — Registrar's No. 682

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 421 N. Gladstone (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 421 N. Gladstone 8 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John S. Parry

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-1245

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Lee Parry

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 3 (Day) 1867 (Year)

8. AGE: Years 73 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Washington County (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Grand Secretary

11. Industry or business Fraternal Order of Eagles

FATHER
12. Name Lewis Scott Parry
13. Birthplace Wales (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Mary Catherine Cox
15. Birthplace (City, town, or county) U. S. A. (State or foreign country) 1

16. (a) Informant Mrs. Annie Lee Parry

(b) Address 421 N. Gladstone, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. F. O'Donnell Co.

(b) Address 3256 Broadway, K. C. Mo.

19. (a) 2/16/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1941 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Wednesday Feb. 12, 1941, to Feb 13, 1941; that I last saw him alive on Feb 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, Broncho	3 day.
Due to: Heart failure	2 wks.
Due to: Chronic myocarditis	1 month
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 D

93 W

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 D

23. Signature W W Gist (M. D. or other) M.D.

Address 927 Wyyle Bldg. Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Dark G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo

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

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