

FILED SEP 12 1941

2950

Registration District No. 391

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
The George H. Nettleton Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 years  
(Specify whether  
In this community all her life  
years, months or days)

3. (a) PRINT FULL NAME Miss Elizabeth Parsons

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ( ) Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased April 12 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 21 hr. min.

9. Birthplace about 3 miles out of Southampton  
(City, town, or county) (State or foreign country)

10. Usual occupation at home England

11. Industry or business X

MOTHER { 12. Name George Parsons  
18. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Emery  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant The George H. Nettleton Home Re

(b) Address 5125 Swope Parkway, K. C. Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 8-4-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8/4/41 (b) M. M. Brown  
(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. The George H. Nettleton Home  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? all her life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd  
year 1940 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from July 28  
1941 to Aug 20 1941  
that I last saw her alive on Aug 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart prostration  
Duration 1 wk

Due to 37

Due to \_\_\_\_\_

Other conditions Arteriosclerosis 5 yrs  
(Include pregnancy within 3 months of death)  
Major findings: 97  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature John J. Lapp (M. D. or other) MD

Address 1314 Professional B Date signed Aug 2

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

48  
68

Dr. H. O. Lepp,

Proff. Bledy

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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.**