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4-41
7-39
X26330

FILED NOV 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

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:
4231 Virginia Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ---
 In this community 40 Years / 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 2
 (d) Street No. 4231 Virginia Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country --- 0

3. (a) PRINT FULL NAME Mrs. Edna N. Parrent
 3. (b) If veteran, name war No 3. (c) Social Security No. 487-03-1657

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4th
 year 1941 hour 11 minute 15P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. Joseph S. Parrent 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased February 7 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1940 to Oct 4 1941
 that I last saw her alive on Oct 2 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>27</u>	hr. min.

Immediate cause of death Cancer of Rectum 3 yrs
 Duration

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

Due to Hod
 Due to Hod
 Other conditions ---
(Include pregnancy within 3 months of death)

10. Usual occupation At Home - Housewife

11. Industry or business None
MOTHER FATHER
 12. Name Frank C. Wells
 13. Birthplace Hebron Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Owens
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings: Cancer of Rectum
 Of operation ---
 Of autopsy ---
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harry O. Parrent
 (b) Address Ocean City, Mo.

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? ---

17. (a) Burial (b) Date thereof Oct 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sons
 (b) Address 1401 Brush Creek Blvd.
10/6/41 (c) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? --- (Specify type of place) (e) Means of injury ---
 23. Signature Leah Wheeler, M.D.
 Address 1600 Prof. Bldg Date signed 10-5-41

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

Wm. Geo. H. Thiele
412 E. 66th St.

Parents

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 *H. C. Newman*
Licensed Embalmer No. *4043*
P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.