

FILED MAY 20 1942  
Registration District No. 2/3

Primary Registration District No. 30.14

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution: 1011 E - Dunklin  
(d) Length of stay: In hospital or institution 12 yrs.  
In this community 12 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(d) Street No. 1011 E - Dunklin  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Kate Blanche Parsons

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 23 1865

8. AGE: Years 76 Months 6 Days 20

9. Birthplace London 4 England

10. Usual occupation Retired Musician

11. Industry or business \_\_\_\_\_

12. Name James P. Phillips

13. Birthplace England

14. Maiden name Sylvia

15. Birthplace England

16. (a) Informant Samuel H. Parsons

(b) Address 1011 E -

17. (a) Burial (b) Date thereof 5-15-42

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director James Stevin

(b) Address 700 Jefferson

19. (a) 5-15-42 (b) Norma Pickett

20. DATE OF DEATH: Month May day 13 year 1942 hour 7-53 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 9 - 1940 to May 13 1942  
that I last saw her alive on May 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Intestines with metastasis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Calostomy done at State Hospital Columbia Mo

Major findings: Carcinoma  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

23. Signature Wm A Bell (M. D. or other) \_\_\_\_\_  
Address Jefferson City Mo Date signed 5-15-42

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

26  
54

**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. 3641

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, fact should be so stated above.**