DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1942

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 23550

Registrar's No. 2894

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: Robt. E. Lee Hotel
(If not in hospital or institution, write street number or location)

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

In this community: 2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County:

(c) City or town: Topeka
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 49 yrs. 2 years.

3. (a) PRINT FULL NAME: Harold John Parr

3. (b) If veteran, name war: no

3. (c) Social Security No.: Unknown

4. Sex: m

5. Color or race: W

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

6. (b) Name of husband or wife: Carolyn Parr

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: Feb. 19 (Month) 1893 (Day) (Year)

8. AGE: Years 49 Months 5 Days 11 If less than one day hr. min.

9. Birthplace: Ill. (City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: U. S. Tobacco Co.

MOTHER FATHER

12. Name: Harry H Parr

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Minnie Landower

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Carolyn Parr

(b) Address: Topeka Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/1/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Topeka Kansas

18. (a) Signature of funeral director: H. Tigerman & Sons

(b) Address: Knasas City.

19. (a) 7-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 42 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Crown 19 Aug, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Death by natural causes (Pathologic impossible from history and autopsy findings)

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 400 ml

Duration

Major findings:
Of operations:

Of autopsy: Negative

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:

23. Signature: [illegible] (M.D. or other)

Address: Date signed: 8/3/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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

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.

AUG 1 3 1942

OCT 1 6 1948

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. H. Newman

Licensed Embalmer No. 2744

P. O. Address K. C. Mo.

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.