

S. No. 2  
M-5-42  
v. 5-17-3  
P-1 X32773

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36361**  
Registrar's No. **4070**

FILED NOV 19 1942  
Registration District No. **749**

Primary Registration District No. **1002**

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:  
**ST. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 Days**  
(Specify whether years, months or days) **50 yrs**

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. **2918 Campbell Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Mary Parrish**  
(b) If veteran, name war **no**  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Herbert Parrish** 6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **May 26 1891**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **65** If less than one day hr. min.

9. Birthplace **K.C. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Dry Goods Store operator**

11. Industry or business **Widow**  
12. Name **Ellis Cassell**  
13. Birthplace **Sevinston Ky.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ellis Middleton**  
15. Birthplace **Union Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rose Betty Parrish**  
(b) Address **2918 Campbell**

17. (a) **Cremation** (b) Date thereof **11 3-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **DW Newcomer's home**

18. (a) Signature of funeral director **D. W. Newcomer, Son**  
(b) Address **1401 Brush Creek Blvd**

19. (a) **11-3-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **1** year **1942** hour **8** minute **10A.** M.  
21. I hereby certify that I attended the deceased from **1941** to **1942**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Cervical spine**  
Due to **Automobile trauma**  
Due to \_\_\_\_\_  
Under conditions (Include pregnancy within 3 months of death) **1700 A**

Major findings: Of operations **28**  
Of autopsy **Autopsy & X-ray findings**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 132**  
(b) Date of occurrence **10-25-42**  
(c) Where did injury occur? **Sevaston Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Highway City ran off highway**  
While at work? **no** (Specify type of place) (Specify type of means of injury)  
23. Signature **Patricia B** (M. or brother)  
Address **11/2/42** Date signed

Western  
01-5213  
486-

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
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, fact should be so stated above.**