S. No. 2
M—5-42
v. 5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13322

FILED MAY 6 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1947

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. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether In this community 7 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 4311 Mercier Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------- 0

3. (a) PRINT FULL NAME Mrs. Ethel Louise Parchen Morsman

3. (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 Mr. Westel K. Morsman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December (Month) 25 (Day) 1889 (Year)

8. AGE: Years 53 Months 3 Days 29 ~~30~~ If less than one day ..... hr. ..... min.

9. Birthplace Falls City (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -------

FATHER
12. Name Ferdinand Parchen
13. Birthplace Falls City (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Mary Ann Gerdes
15. Birthplace Falls City (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant J. W. Morsman
(b) Address 4311 Mercier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Falls City, Nebraska

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 4/25/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 1943 to April 24 1943 that I last saw her alive on Apr. 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to Carcinoma of Stomach & oesophagus

Due to Primary Cancer of stomach

Other conditions 0 46 B (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Stomach & liver

Of autopsy

Duration

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 [signature] (M. D. or other)

Address [illegible] Date signed 4/24/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1944

MAR 10 1944

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 W. Colhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.