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No. 2  
1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

DEC 22 1943 149  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5077

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: R. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days  
(Specify whether in this community years, months or days) all her life in K. C.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3231 Prospect  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0  
If yes, name country X

3. (a) PRINT FULL NAME Irene Parsons

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced unknown

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

7. Birth date of deceased August 2 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Maid

11. Industry or business X

MOTHER FATHER { 12. Name Robert Parsons,

{ 13. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Blanche -

{ 15. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Seary Ridge,

(b) Address Kansas City, Missouri,

17. (a) Burial (b) Date thereof 12-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-2-43 (b) T. E. Brown  
(Date received local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1943 hour 7 minute F. M.

21. I hereby certify that I attended the deceased from November 6, 1943, to November 30, 1943  
that I last saw her alive on November 30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to 109

Due to \_\_\_\_\_

Other conditions See above  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Dr. R. Thom D (M. D. or other) 12-1-43  
Address ed. Gen'l Hosp. Date signed \_\_\_\_\_

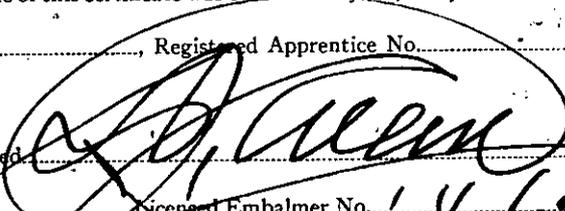
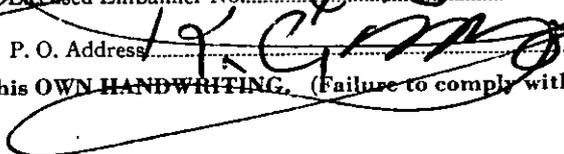
WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1950

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. 1415  
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.