

No. 2  
-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41211

State File No. ....

DEC 22 1943 / 149

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5078

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

(d) Length of stay: In hospital or institution 6 days  
(Specify whether In this community unknown years, months or days)

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. 2642 Campbell  
(If rural, give location)

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

3. (a) PRINT FULL NAME Isabelle Parsons

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1  
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 25 1943 to December 1 1943  
that I last saw her alive on December 1 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 7-1873  
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration

Due to 107

Due to .....

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 2 Days 24 If less than one day hr. min.

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

Major findings: Of operations .....

Of autopsy see above

PHYSICIAN Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

Industry or business John Malison

11. Name John Malison

12. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Malison

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

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) (e) Means of injury .....

23. Signature Drury R. Thon (M. D. or other) 0  
Address Med. Dir. Gen'l Hosp. Date signed 12-1-43

13. Informant Richard Clark

(b) Address R. C. Gen. Hosp.

17. (a) (Burial, cremation, or removal) Elmwood (b) Date thereof 12-25-43  
(Month) (Day) (Year)

(c) Place: burial or cremation .....

18. (a) Signature of funeral director W. E. Brown

(b) Address W. E. Brown

19. (a) 12-2-43 (Date received local registrar) W. E. Brown (Registrar's Signature)

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

NOTHING BUT THESE

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**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.....

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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson ss.

State File No. 41211-43  
Local Registrar's No. 5078

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of Dec, 1943, before me appears George Parsons, who, upon his oath, states that the original record of birth for Isabelle Parsons, died 12-1, 1943, in the State of Missouri, and which was filed at RC, born 12-2, 1943, should be corrected as follows:

Item No. 68 should read George

Instead of unk

Item No. 69 should read 67

Instead of unk

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant George D. Parsons Husband  
Relationship.

2642 Campbell  
Present Address.

Subscribed and sworn to before me this 30th day of Dec, 1943.

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-41211