

FILED FEB 24 1944

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
 (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: 4407 East 30th Street, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
 In this community all her life (Specify whether 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. 4407 East 30th Street,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

3. (a) PRINT FULL NAME Miss Mary Virginia Parr

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, Single

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 5 1912
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 6 10 hr. min.

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

10. Usual occupation at home

11. Industry or business x

12. Name Louie R. Parr

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

14. Maiden name Hazel Mattox

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

16. (a) Informant Louie R. Parr,

(b) Address 4407 East 30th St., K. C., Mo.

17. (a) Removal (b) Date thereof 2-15-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

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

(b) Address 3235 Gillham Plaza K. C., Mo.

19. (a) 2-15-44 (b) J. C. Brown
 (Date received local registers) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 15th
 year 1944 hour 1:00 minute 8. A. M.

21. I hereby certify that I attended the deceased from 9-2-42 19 , to 12-23-42 19 ;
 that I last saw h. er. alive on 12-23-42 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Ulcerative carcinoma of cervix and vagina

Due to _____

Other conditions 4/10
 (Include pregnancy within 3 months of death)

Major findings: Of operations o.p. by Dr. Seitch

Of autopsy Christian scientist no other Dr. 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) (e) Means of injury o

23. Signature [Signature] (M. D. certificate)

Address 1010 Rialto Bldg. Date signed 2-15-44

Dr. DeWeese

Robert DeWeese

*Ha
2470*

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 *John L. Clurley*
Licensed Embalmer No. *4050*
P. O. Address *Kansas City, 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.