

S. No. 2
M-5-43
7. 5-17-39
I X36871

FILED DEC 12 1946

3026

Registration District No. 48

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 18 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 301 North Spring
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Parsons, Hilda Margaret

3. (b) If veteran, name war None 3. (c) Social Security No. -

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

6. (b) Name of husband or wife Ralph Parsons 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 29, 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1946 hour 4 minutes 39 P. M.

21. I hereby certify that I attended the deceased from Nov. 16, 1946, to Nov. 17, 1946 that I last saw her alive on Nov. 17, 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage Duration 24 hr

Due to Nephritis & hyper-tension ?

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Mewes, Junge

FATHER { 13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Emma Menge

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

Other conditions 63A
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

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

16. (a) Informant Ralph Parsons

(b) Address 301 N. Spring, Independence

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-19-46
(Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs, Kansas

18. (a) Signature of funeral director Alden Harrington

(b) Address Bonner Springs, Kansas

19. (a) 11-20-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

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 [Signature] (M. D. or other) _____

Date signed 11/18/46

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

36117

354

SEP 25 1957

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,

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... R. A. Fisk

Licensed Embalmer No. 4123

P. O. Address Independence, 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.