

No. 2
-1/47
5-17-39

FILED FEB 16 1948

State File No.

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 26

1. PLACE OF DEATH:

(a) County CASS

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

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 33 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town BELTON 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES ELYNA PARSONS

3. (b) If veteran, name war _____

3. (c) Social Security No. LOST

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 6th
year 1948 hour 12 minute 57 P.M.

21. I hereby certify that I attended the deceased from JAN. 2,
1946 to FEB. 6, 1948;
that I last saw him alive on FEB. 5, 1948;
and that death occurred on the date and hour stated above.

4. Sex MALE () race WHITE

5. Color or () divorced MARRIED

6. (b) Name of husband or wife MAYME PARSONS 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased FEBRUARY 29 1868
(Month) (Day) (Year)

Immediate cause of death CORONARY OCCLUSION Duration 2 Wks.

Due to CORONARY & GENERALIZED ARTERIOSCLEROSIS 10 Yrs.

Due to _____

8. AGE: Years Months Days If less than one day

79 11 17 _____ hr. _____ min.

Other conditions: (1) Aneurysm, right carotid artery 10 days
(Include pregnancy within 3 months of death)

(2) ARTHRITIS ATROPHIC, GENERALIZED ↑ (20 YRS)

Major findings: None

Of operations: _____

Of autopsy: None made 94 P

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

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

10. Usual occupation CARPENTER

11. Industry or business _____

12. Name JOHN PARSONS

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

14. Maiden name LURINDA FRYSE

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

16. (a) Informant Mrs. J.E. PARSONS

(b) Address BELTON MO.

17. (a) BURIAL (b) Date thereof FEB. 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, Mo.

18. (a) Signature of funeral director ET. Jones & Sons

(b) Address BELTON, Mo.

19. (a) FEB. 11, 1948 (b) Laura J. Jones
(Date received local registrar) (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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Herbert A. Tracy (M. D. or other) M.D.
Address BELTON, Mo. Date signed 2/7/48

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

MOTHER FATHER

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 _____

A. H. George

Licensed Embalmer No. _____

3645

P. O. Address _____

Grandview Md

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.