

FILED MAR. 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5072  
579  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 36 YEARS		d. STREET ADDRESS (If rural, give location) 3746 HIGHLAND AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUNES HOSPITAL U			

3. NAME OF DECEASED. (Type or Print)	a. (First) JAMES	b. (Middle) JOSEPH	c. (Last) PARSONS	4. DATE OF DEATH	(Month) FEB	(Day) 6	(Year) 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 8 1868	9. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MANAGER	10b. KIND OF BUSINESS OR INDUSTRY TERRA COTTA & FAIENCE CO.	11. BIRTHPLACE (State or foreign country) ENGLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES PARSONS	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE MRS. ANNE PARSONS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 494-16-1136	17. INFORMANT'S SIGNATURE OR NAME MISS FLORENCE E. PARSONS	ADDRESS 3746 HIGHLAND AVE KANSAS CITY, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 15, 1948, to Feb 6, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. Donald McFarland (Degree or title) M. Donald McFarland M.D.U.	23b. ADDRESS 315 Alameda Rd.	23c. DATE SIGNED 2-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 8 1949	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 2-8-49	REGISTRAR'S SIGNATURE Thaldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons	ADDRESS 1401 BRUSH CREEK BLVD KANSAS CITY, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-3:38

**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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*John T. Dewis*

Licensed Embalmer No. *445-3*

P. O. Address *Kansas City*

Signed.....  
Student Embalmer

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.