No. 300
10-48

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29359

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1027

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodiat Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 1224 S. 6th, Andrews Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): C.
c. (Last): PARRISH

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 18, 1873
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 10, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggageman
10b. KIND OF BUSINESS OR INDUSTRY: baggageman
11. BIRTHPLACE (State or foreign country): Adams County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward ~~Parish~~ Parrish
13b. MOTHER'S MAIDEN NAME: Sargent
14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. W.E.Gates, 2605 Cleveland K.C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

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 — 331X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-30, 1949, *to* 9-14, 1949, *that I last saw the deceased alive on* 9-14, 1949, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Owen W. Tracy (Degree or title): M.D.
23b. ADDRESS: 405 Tootle Bldg. St. Joseph, Mo.
23c. DATE SIGNED: 9-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 9/14/1949
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Corning, Iowa

DATE REC'D BY LOCAL REG.: Sept 23, 1949
REGISTRAR'S SIGNATURE: E. L. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Weston Bowman Funeral Home St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [illegible] W. C. Craig
Welfare Clinic

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.

Student .....
Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 395 10th St. Joseph

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.

State of Missouri } ss.
County of Buchanan

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 2935949
Local Registrar's No.

On this 5th day of Oct., 1949, before me appears Nora Parrish Gates, who, upon oath, states that the original record of ~~birth~~ death for Albert C Parrish, ~~born~~ died Sept. 14, 1949, in the State of Missouri, and which was filed at St Joseph on 1949, should be corrected as follows:

Item No. (3) should read Albert C Parrish
Instead of Albert C. Parish

Item No. 13 should read Edward Parrish
Instead of Edward Parish

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 Nora Parrish Gates Heice
Relationship.

2605 Cleveland Ave KC Mo
Present Address.

Subscribed and sworn to before me this 5 day of Oct, 1949.

My Commission Expires Aug. 31, 1951

My Commission expires ..... G. E. Allgood Notary Public.

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

V. S. 135
—8-43
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