

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10024**

FILED APR 9 1953

Registrar's No. **1676**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Whiting</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>850 1/2 St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>KAY MARLENE PARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-24 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>5-27-1942</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>10 9 27</u>
10a. USUAL OCCUPATION (Give kind of work during last part of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Parr</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Kaufman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>William Parr Whiting, Kansas</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Lymphatic Leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 Mo.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			204 ⁰
		II. OTHER SIGNIFICANT CONDITIONS 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 <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) _____	
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? _____	

22. I hereby certify that I attended the deceased from Nov. 1, 1952 to Mar. 24, 1953, that I last saw the deceased alive on Mar. 24, 1953, and that death occurred at 9 1/2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Myron B. Jones</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>926 E. 11th St.</u>		23c. DATE SIGNED <u>3/25/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-25-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whiting Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Whiting, Kansas</u>					

DATE REC'D BY LOCAL REG. <u>3-25-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. J. ...</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Major Jones
Oster Hoop
2nd Army

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John R. Sidmon
.....
Licensed Embalmer No. *4531*
.....
P. O. Address *Kansas City, Mo.*
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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.