

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

 State File No. **12191**  
 Registrar's No. **1604**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>38 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL 5V 3404 HOLMES</b>				e. STREET ADDRESS (If rural, give location) <b>3508</b>					
3. NAME OF DECEASED (Type or Print) <b>ELLIS C PARSONS</b>			a. (First)			b. (Middle)			
4. DATE OF DEATH <b>April 7, 1954</b>			a. (Month)			b. (Day)			
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>October 25, 1887</b>			9. AGE (In years last birthday) <b>66</b>			IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Lone Jack, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Markus W. Parsons</b>			13b. MOTHER'S MAIDEN NAME <b>Rhea Bartlett</b>			
14. NAME OF HUSBAND OR WIFE <b>Ella M.</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWI</b>			16. SOCIAL SECURITY NO. <b>491-20-7783</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Official Records, Kansas City</b>			ADDRESS <b>Mo</b>						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>27 days</b>	
ANTECEDENT CAUSES <b>Cerebral Cardiovascular Accident with left hemiplegia</b>				DUE TO (b)				DUE TO (c)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>3317</b>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <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 <b>March 11, 1954</b> , to <b>April 7, 1954</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Arthur P. Klotz, M.D.</b>				(Degree or title)		23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>4/8/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 10 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>4-9-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b>			ADDRESS <b>Funeral Home Kas. City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *J. Virgil Herrie*.....  
Licensed Embalmer No. *3599*.....  
P. O. Address: *K.C. Va.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.