

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

20860
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3904 Harrison Registered No. 2310
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (c) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wallace H. Parsons 625
 (a) Residence, No. 3904 Harrison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Parsons</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11 1873</u>			
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
FATHER	11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> <u>4</u>		
	13. NAME <u>James Parsons</u> <u>4</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u> <u>4</u>		
	15. MAIDEN NAME <u>Margaret Roe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
17. INFORMANT <u>Mrs. Catherine Parsons</u> (ADDRESS) <u>3904 Harrison</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>June 9 1938</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Quirk & Tobin Co.</u> <u>Kansas City, Mo.</u>			
20. FILED <u>June 7 1938</u> <u>M. M. Crowe</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1938 to 7-7 1938
 I last saw him alive on 6-6 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
131
 Other contributory causes of importance:
Myocardial Infarction
Chronic Parenchymatous Nephritis
hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical findings Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Parsons M. D.
 (Address) 1239 Reilly Blvd

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.