REC'D APR 17 1939

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

9779
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 1 2 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1385
(c) City Kansas City (d) Street No. Conley Clinical Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Eli Parsons 625
(a) Residence, No. 615 South Eighth St. St. Kansas City, Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1921
7. AGE: YEARS 17 MONTHS 9 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
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) Dec., 1937
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Missouri 0

FATHER
13. NAME John L. Parsons 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldon Missouri 0

MOTHER
15. MAIDEN NAME Rosa Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Etterville Missouri

17. INFORMANT (ADDRESS) John L. Parsons 615 South Eighth St. K.C.K.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4/1/39 19
19. FUNERAL DIRECTOR (ADDRESS) Geo. H. Long Kansas City, Kansas
20. FILED Mch 31, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/15/39, 1939, to 3/30/39, 1939
I last saw h..... alive on 3/30/39, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Lymphatic Leukemia — Date of onset 2/1/39
72a
Other contributory causes of importance:
hemorrhage &
secondary anemia
Name of operation — Date of
What test confirmed diagnosis? Blood count Was there an autopsy? no
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?
If so, specify no
(Signed) Dr. G. N. Gillum M. D.
(Address) 4801 Independence Ave Ben 3404

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-30-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)