

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41365**

FILED JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4758**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5209 East 6th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
(Specify whether
 In this community **17 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5209 East 6th. St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Vashti Lucille Parkey**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **NO**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **James T. Parkey** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **April 21 1900**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	8	7	21
				hr. min.

9. Birthplace **Sabula Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

12. Name **Harry Smith**

13. Birthplace **Sabula Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **May Kinder**

15. Birthplace **Sabula Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **James T Parkey**

(b) Address **5209 East 6th. K.C. Mo.**
Removal (b) Date thereof **Dec. 14-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sabula Iowa**

18. (a) Signature of funeral director **Eylar Funeral Home**
1800 Linwood K.C. MO.

(b) Address _____
 19. (a) **12/14/40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **13**
 year **1940** hour **9:00** minute _____ M.

21. I hereby certify that I attended the deceased from **10/25/40**
 _____, 1940, to **12/13**, 1940

that I last saw h. **SC** alive on **12/12/40**, 19____;

and that death occurred on the date and hour stated above. 12.

Immediate cause of death **Branchial Pneumonia**

Carcinoma of Left Breast.
 Due to **Metastasis To Lungs - Ribs. Pleura -**

Due to **50**

Other conditions **50**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **None**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (b) Means of injury _____

23. Signature **Paul J. Johnson** (M. D. or other) **P.D.**
 Address **440 Dale Ave** Date signed **12/13/40**

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

MOTHER FATHER

Mr. Johnson
5400 Kentucky Ave.

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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.