

S. No. 2
4-13-40
5-17-40
I X

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10157**

APR 15 1941

85

Primary Registration District No. **1001**

Registrar's No. **359**

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**

(c) Name of hospital or institution: **STATE HOSPITAL No. 2**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Since 8-16-1934** (Specify whether)

In this community **State Hospital #2** years, months or days **Refer above date**

3. (a) PRINT FULL NAME **Edward Parsley**

3. (b) If veteran, name war **unk**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jelly Parsley**

6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **January 2 1885**

8. AGE:

Years	Months	Days	If less than one day
56	2	27	- hr. - min.

9. Birthplace **near Carrollton Miss Carroll County** (City, town, or county) **Miss** (State or foreign country)

10. Usual occupation **Cracker Salesman**

11. Industry or business

MOTHER FATHER

12. Name **unknown**

13. Birthplace **unknown** (City, town, or county) **9** (State or foreign country)

14. Maiden name **India**

15. Birthplace **Missouri** (City, town, or county) **0** (State or foreign country)

16. (a) Informant **Hospital Records**

(b) Address **St Joseph Mo**

17. (a) **Removed** (Burial, cremation, or removal)

(b) Date thereof **Mar 29 41** (Month) (Day) (Year)

(c) Place: burial or cremation **Valley Funeral Home**

18. (a) Signature of funeral director **Calvin Mortuary**

(b) Address **5025 King Hill Ave**

19. (a) **March 29 1941** (Date received local registrar)

(b) **St Joseph** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** (If outside city or town limits, write "RURAL") **3**

(d) Street No. **6425 Wornall Road** (If rural, give location) **8**

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29** year **1941** hour **1:45** minute **A.M.**

21. I hereby certify that I attended the deceased from **March 17** 19**41**, to **March 28** 19**41**;

that I last saw him alive on **March 28** 19**41**;

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

Immediate cause of death **Syphilitic meningitis, Encephalitis**

Due to **Syphilitic Hepatitis**

Due to **PS**

Other conditions (Include pregnancy within 3 months of death) **79**

Major findings: Of operations **-**

Of autopsy **-**

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? **55**

(Specify type of place) _____ (e) Means of injury _____

23. Signature **Donald Brent** (M. D. or other) **M.D.**

Address **St Joseph #2** Date signed **3-29-41**

Duration **unk**

Duration **unk**

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 ^{not} 3/29/41
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Earle A. Clark

Licensed Embalmer No. 3476

P. O. Address St Joseph Mo

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.