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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1941

State File No. 20621

Registration District No. 399 FILED JUL 7

Primary Registration District No. 1002

Registrar's No. 2151

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

(d) Length of stay: In hospital or institution (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 916 Forest, (If rural, give location)

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

3. (a) PRINT FULL NAME ROBERT JOSEPH PARSLEY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mollie Parsley

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased October 5, 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months ~~8~~ 7 Days 27 If less than one day hr. min.

9. Birthplace Coloma, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Thomas Parsley
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susanne Davies
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. J. Parsley

(b) Address Gashland, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Missouri

19. (a) 6/3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1940, to June 2, 1941; that I last saw him alive on June 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca. liver & stomach	?
Primary stomach	
Due to Arteriosclerosis	
Due to Ch. Myocardial degeneration	
Other conditions Ch. Interstitial nephritis (Include pregnancy within 3 months of death)	

Major findings: Of operations ✓ 46 B

Of autopsy none 4.6 B

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? ✓ (e) Means of injury ✓

23. Signature [signature] (M. D. ~~or other~~)

Address 4 Geo Ex 4th Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

5949 Benton
Wa 7333
Va 7138
Bo-949
Dr. R. G. Jennings

4800 624

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 Harold L. Posson, Registered Apprentice No. ..... working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.