

Registration District No. **FILED AUG 16 1941**

Primary Registration District No. **1002**

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: **300 Benton Blvd**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 months**
In this community **50 years** (Specify whether 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. **1001 E 11th**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1941** hour **7** minute **30** M.
21. I hereby certify that I attended the deceased from **July 24** 19**41**
to **July 22** 19**41**
that I last saw him alive on **July 22** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bunch pneumonia**
Due to _____
Due to _____
Other conditions **Severely** **107**
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME **EDGAR H. PARNELL**

3. (b) If veteran, name war _____
3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 13 - 1853**
(Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **11**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Lawyer**

11. Industry or business _____
12. Name **Williams Parnell**
13. Birthplace **United States**
(City, town, or county) (State or foreign country)
14. Maiden name **Peggy Thompson**
15. Birthplace **United States**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Parnell**
(b) Address **6001 E. 11th**

17. (a) **Burial** (b) Date thereof **7-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **J. J. O'Donnell**
(b) Address **3756 Broadway**

19. (a) **1/25/41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **G. C. McCormick** (M. D. or other) **D**
Address **Kansas City, Mo** Date signed **7-25-41**

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

2000

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..... *Paul G. Rowe*

Licensed Embalmer No. *2347*

P. O. Address *H. C. 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.