

FILED APR 25 1942
299

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
4201 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. --- (Specify whether
In this community 89 Years
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. 4201 Locust Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Parmelia M Duke
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6th
year 1942 hour --- minute --- M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Lodwick W. Duke
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased September 1 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1927 19--- to Apr. 6 1942
that I last saw him alive on Apr 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
91 7 5 hr. min.

Immediate cause of death Cardiac failure
Myocardosis
Senility 92
Due to Senility
Due to ---
Other conditions (Include pregnancy within 3 months of death)

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

Major findings:
Of operations ---
Of autopsy ---
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

10. Usual occupation At Home
11. Industry or business ---
12. Name John Ashcraft
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Susan Wood
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant Miss Mary Duke
(b) Address 4201 Locust
17. (a) Burial (b) Date thereof 4-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs, Missouri
18. (a) Signature of funeral director M. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 4-8-42 (b) M. M. Crowe
(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?
23. Signature William M. Keith M. D. or other ---
Address 612 Professional Bldg Date signed Apr 7 1942

Department 1949

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.....

Earle M. Calhoun

Licensed Embalmer No.....

3506

P. O. Address.....

K 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.