

Registration District No. **1002**

Primary Registration District No. **1002**

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0109

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **K.C.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1224 Paseo-2nd Fl. N.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
About 30 yrs. (Specify whether years, months or days)

In this community **About 30 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

(c) City or town **K.C.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1224 Paseo-2nd fl. N.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jerry Henry Parmet**

3. (b) If veteran, name war _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **26**
year **1942** hour **2** minute **9** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **M.** 2 5. Color or race **Col.**

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

6. (b) Name of husband or wife **Elizabeth**

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

7. Birth date of deceased **Feb. 7 1886**
(Month) (Day) (Year)

Immediate cause of death **Arterio sclerotic heart disease.**

Due to _____

8. AGE: Years **56** Months **7** Days **19**
If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation **Janitor**

11. Industry or business **3920 Locust**

Major findings: Of operations _____

Of autopsy **Inspection - history**

Underline the cause to which death should be charged statistically.

12. Name **Henry Benjamin Parmet**

13. Birthplace **Blue Springs Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Maty Day**

15. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bennie Parmet**

(b) Address **4115 Springfield**

(Burial, cremation, or removal) **Burial** (b) Date thereof **10-1-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **WESTLAWN, K.**

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 _____

18. (a) Signature of funeral director **J. H. Crowe**

(b) Address **7439 E. 12th St.**

19. (a) **10-1-42** (b) **M. W. Crowe**
(Date received local registrar) (Registrar's signature)

23. Signature **J. H. Crowe** (M. D. or other) _____

Address **N.C. Mo.** Date signed **9/30/42**

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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..... *A. T. Moore*

Licensed Embalmer No. *948*

P. O. Address..... *Kansas City 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.