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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILE JAN 22 1943  
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1272  
State File No. \_\_\_\_\_  
Registrar's No. 112

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days) 4 yrs

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. 645 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Lucy Parker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 29 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Fredonia Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Elip Clinghouse P  
13. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Carson  
15. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Nicholson  
(b) Address 919 W 17th St

17. (a) Shipped (b) Date thereof Jan 12-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry Mo.

18. (a) Signature of funeral director Passantino Bros  
(b) Address 156 MID

19. (a) 1-9th 43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th  
year 1943 hour 5:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 12-13-43, 19 to 1-8-43, 19 that I last saw her alive on 1-8-43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF CERVIX

Due to 1/80

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

Duration  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Mary R. Thoms (M. D. or other)  
Med. Dir. K.C. Gen. Hospital Date signed

USE OPAVING BLACK INK-MAKE A PERMANENT RECORD

SEP 15 1951 AM

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address 24 C Mo.

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

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