V. S. No. 2
50M—9-4-41
Re 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 749

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

9239

State File No.

Registrar's No. 1312

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day
In this community: 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ~~Jackson~~ Clay
(c) City or town: Kansas City. (If outside city or town limits, write "RURAL")
(d) Street No.: Oakwood M. K. C. (If rural, give location) R.R. 0.4.
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Margaret B. Parish.
3. (b) If veteran, name war: No.
3. (c) Social Security No. 510-07-1932
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John P. Parish
6. (c) Age of husband or wife: alive 43 years
7. Birth date of deceased: Dec (Month) 10 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
30	32	5	hr. min.

9. Birthplace: Los Angeles Calif. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Massie
13. Birthplace: Washington Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Minnie K. Kennedy
15. Birthplace: Logan Iowa. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs R. D. Wallace (Sis)
(b) Address: Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood Blvd.
19. (a) 3-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1943 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from — to 3-25 1943
that I last saw her alive on 3-25 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	
Due to:	
Due to: 147 N	
Other conditions: Pregnancy + Labor at term (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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: Robert G. Hamilton (M. D. or other)
Address: 107 Bryant Date signed: 3/15/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.