

FILED MAY 5 1943  
Registration District No. 199

Primary Registration District No. 1002

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

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:  
15 West 61st Terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 60 years,

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. 15 West 61st Terrace  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Robert Charles Parlett,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no.

4. Sex Male 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 October 8 1848  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>6</u>	<u>15</u>	_____hr. _____min.

9. Birthplace England 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Toy Broker

MOTHER FATHER

12. Name Unknown,

13. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

14. Maiden name Cecelia Parlett,

15. Birthplace England, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. S. Mitchell,  
(b) Address 1208 W. 72nd St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-43  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-23-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9-27-36 to 4-18-43, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, Phrenic myelitis, Arteriosclerosis, Dropsy

Due to \_\_\_\_\_

Due to 121 B

Other conditions (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 or was \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signed W. M. G. [Signature] (M. D. number) \_\_\_\_\_  
Add Angela Roelke 16.C. 770 Date signed 4/23/43

Dr. C. C. Montgomery

*arg. B. edg.*

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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 *E. M. Plank*.....

Licensed Embalmer No. *1878*.....

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.**