

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24013**
Registrar's No. **2980**

FILED JUL 19 1943 149

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:
General Hosp. *0*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **7 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** *48*

(c) City or town **Kansas City** *2*
(If outside city or town limits, write "RURAL") *8*

(d) Street No. **2212 Cleveland**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) *0*
If yes, name country.....

3. (a) PRINT FULL NAME **Patricia Ann Parrish**

3. (b) If veteran, name war **No**

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

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced *0*

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

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

7. Birth date of deceased **Dec. 7th, 1942**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	6	26	hr. min.

9. Birthplace **K. C. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business.....

MOTHER FATHER { 12. Name **Lloyd Parrish**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Berlene Jamarson**

15. Birthplace **Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lloyd Parish**

(b) Address **2212 Cleveland Ave.**

17. (a) **Ship** (b) Date thereof **July 5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fayetteville Ark.**

18. (a) Signature of funeral director **Earp Funeral Home**

(b) Address **15th, & Jackson K. C. Mo.**

19. (a) **7-5-43** (b) **D. E. Brown**
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** day **3rd**,
year **1943** hour **11** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **June 27**, 19**43**, to **July 3**, 19**43**
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
Peritussis

Due to.....

Due to..... **9**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy **See above.**

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 **Amey R. Thorn** (M. D. or other) *0*
Address..... Date signed.....

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 John B. Day
Licensed Embalmer No. 29555
P. O. Address 15 C. 240

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.