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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12406

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1990

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1224 of West 24th
(If ~~not in hospital or institution~~, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community three weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1229 W. 21st St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Parnham

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) ~~Single, widowed~~, married, ~~divorced~~

6. (b) ~~Name of husband~~ or wife Emma

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

7. Birth date of deceased 1 (Month) 19 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Marion County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business

FATHER
12. Name Joseph Parnham
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Brown
15. Birthplace Connecticut
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Weixldorfer
(b) Address 1229 West 21st Str

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Blaine E. Weilert
(b) Address 2332 Monitor Kc. Mo.

19. (a) 5-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1945 hour 12:10 minute P M.

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

	Duration
Immediate cause of death Coronary occlusion	
Due to arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 W	

Major findings:
Of operations
Of autopsy No-History & Inspection

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature James [illegible] (M. D. or other) Coroner
Address 1424 [illegible] Date signed 5-3-45

(Licensed Embalmer's Statement on Reverse Side)

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 Jack W. Laybourne

Licensed Embalmer No. 1715

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.