

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19532
2636
Registrar's No. _____

EXEMPT JUL 3 1945
Registration District No. 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 Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 East 28th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 50 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 617 East 28th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr John G. Parrish
3. (b) If veteran, name war None
3. (c) Social Security 703-03-8068

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula M. Parrish
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 5th 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Kansas City Terminal Employee

MOTHER FATHER

12. Name John W. Parrish
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Unknown
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Parrish
(b) Address 617 East 28th Street

17. (a) Burial (b) Date thereof 6-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Centery

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 6-21-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1945 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1944 to Dec 21 1945
that I last saw him alive on Jan 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombin Duration 2 day

Due to Cerebral thrombosis 1945

Due to Cerebral thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations My 830
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. S. Eldon (M. D. or other) _____
Address 617 East 28th Street Date signed 6-21-45

K.C.M.O.

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 E. Smith

Licensed Embalmer No. 2644

P. O. Address Kansas City, 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.