

FILED FEB 19 1946
Registration District No. 129

Primary Registration District No. 1002

Registrar's No. _____

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:
2958 VICTOR 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 31 YEARS (Specify whether)
years, months or days

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. 2958 VICTOR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD EMERY PARNELL
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-01-2482

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 3rd
year 1946 hour 3 minute 7 M.
21. I hereby certify that I attended the deceased from 11-4-41
to 2-2, 1946
that I last saw him alive on 2-1-, 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MRS. ROSE PARNELL
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased FEB. 3rd 1877
(Month) (Day) (Year)

Immediate cause of death
myocarditis 6 yrs
decompensated heart 5 yrs
Hypertrophied heart
Due to Renalcardial syndrome 7 yrs
Other conditions (interstitial nephritis)
Include pregnancy within 3 months of death

8. AGE: Years 69 Months 0 Days 0
If less than one day hr. min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 131a
Underline the cause to which death should be charged statistically.

9. Birthplace JEFFERSON CO. KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation WATCH MAKER - MERWATER

11. Industry or business HELZBERG'S DIAMOND SHOP

12. Name JACKSON PARNELL

13. Birthplace LAWRENCE KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name ELSVIRA WILKINSON

15. Birthplace ATCHISON KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROSE PARNELL

(b) Address 2958 VICTOR STREET

17. (a) BURIAL (b) Date thereof FEB 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's son
(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 2-5-46 (b) Maeldine Holmes
(Date received local registrar) (Registrar's signature)

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 J. H. Schoen (M. D. or other) 2. DO.
Address 282 W. Verby Bldg Date signed 2-3-46

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

4801

243 Nov 19 1955
9:55-10:55 a.m.

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 Malvin Miller

Licensed Embalmer No. 4407

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.