

S. No. 2
M-5-43
r. 5-17-39
I X36571

DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20438
2536
Registrar's No.

FILED JUN 20 1946

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Menorah Hospital
(d) Length of stay: In hospital or institution 1 year
In this community since 1921

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1001 East 11th St.,
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Mamie Parnell
3. (b) If veteran, name war no.
3. (c) Social Security No. 495-05-7251

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7 year 1946 hour 8:30 minute P. M.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed.
6. (b) Name of husband or wife Elmer E. Parnell
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased December 28 1881

21. I hereby certify that I attended the deceased from 1945 to June 7, 1946.
that I last saw him alive on June 7, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 5 Days 9
If less than one day hr. min.

Immediate cause of death: In amputation
Due to Carcinomatosis
Due to Carcinoma Breast
Other conditions 50

9. Birthplace Missouri
10. Usual occupation at home

Major findings: Carcinoma of breast with axillary metastases.
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business X
12. Name James Beveridge
13. Birthplace unknown
14. Maiden name Mary Banks
15. Birthplace unknown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Elsworth Parnell
(b) Address 4502 Mill Creek, Kansas City, Mo.
17. (a) burial (b) Date thereof 6-10-46
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 6-8-46 (b) Geraldine Holmes

23. Signature Haine Lapp (M. D. or other) M.D.
Address 1103 Main Date signed 6. P. 46

(Licensed Embalmer's Statement on Reverse Side)

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

Croft Block
2 P.M.

Dr. Harry Lepp

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
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.