S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20439

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2886

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 Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3924 McGee (If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country x

3. (a) PRINT FULL NAME Ida M. Parrott

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 7

6. (b) Name of husband or wife Phillip W. Parrott

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

7. Birth date of deceased July (Month) 5 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
88	11	24	hr. min.

9. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business x

FATHER 12. Name Samuel Boyer

13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Melinda Humbarger

15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Miss Lucy Parrott

(b) Address 3924 McGee Sts., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-1-46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1946 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 26, 1946, to June 29, 1946 that I last saw her alive on June 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83a'	

Major findings:
Of operations
None
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 0

23. Signature Wm. W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 6-29-46

(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 J. Clair Shuppard

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.