No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 1270

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 207

**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: 6007 Holmes Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 6007 Holmes Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME DAVID HARRY PARSONS

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-7702

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Belle Parsons

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 26, 1876
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 5 | 19 | ..... hr. ..... min. |

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

10. Usual occupation Retired

11. Industry or business Coffee Roaster

FATHER
12. Name William Parsons
13. Birthplace ..... (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Hannah Pooley
15. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Belle Parsons

(b) Address 6007 Holmes, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 1-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 15th.
year 1947 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946 to Jan 15, 1947;
that I last saw him alive on Jan. 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Hypertensive heart. Arterio Sclerosis

Due to Chronic Nephritis

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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 Leo H. Jones (M. D. or other) 1/14/47

Address 80 & Paseo Date signed .....

(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. Walter H. Erwin

Licensed Embalmer No. H 3 5 2

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.**