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 MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17562

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2067

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~~: NORTH EAST RESTORIUM 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: ~~In~~ hospital or ~~institution~~ 2 DAYS (Specify whether
In this community 2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5608 OAK STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - -

3. (a) PRINT FULL NAME HARRIETT DRAKE KIRKHAM PARSONS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband ~~or wife~~ MR. HENRY L PARSONS,
6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased AUGUST - 25 - 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace DRAKEVILLE IOWA 1 (City, town, or county) (State or foreign country)
10. Usual occupation - - - - - - - -
11. Industry or business AT HOME
FATHER
12. Name HENRY MARTIN KIRKHAM
13. Birthplace BLOOMFIELD IOWA 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ADELINE DRAKE
15. Birthplace DRAKEVILLE IOWA 1 (City, town, or county) (State or foreign country)
16. (a) Informant MRS. GEORGE R. SULLIVAN
(b) Address 5608 OAK STREET
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof MAY 9 1947 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 5-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7th year 1947 hour 5 minute 55 P.M.
21. I hereby certify that I attended the deceased from 1945, 19__ to 5-7 1947, 19__; that I last saw her alive on 5-6-47, 19__; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations none 830
Of autopsy none

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank Hodgson (M. D. or other) MD
Address 4301 Main Date signed 5-9-47

(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 D. D. Nofsinger

Licensed Embalmer No. 3958

P. O. Address Kansas City,

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.