S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31372

FILED SEP 23 1947

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 3913

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:
Wheatley-Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

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

(d) Street No.: 1708 N. 8th Street
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM PARROTT

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

3. (c) Social Security No. 511-03-1943

4. Sex: Male

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Addie

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

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	?	?	... hr. ... min.

9. Birthplace: Nashville, (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Columbia Steel Tank Co.

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Sivilla Scales
(b) Address: 622 Franklin

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Westlawn Cem. K.C.K.

18. (a) Signature of funeral director: W. Stallins
(b) Address: 1520 N. 5th St. K.C.K.

19. (a) 9-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th year 1947 hour 3: minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-1-, 1947 to 9-10, 1947 that I last saw him alive on 9-10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Chronic Nephritis

Due to: Chronic Hypertension

Due to: Prostatic Hypertrophy

Other conditions: Mitral Insufficiency & Decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

31a

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): no
(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: ✓

23. Signature: M. T. Dowell (M. D. or other) MD
Address: 1722 W 39 Date signed: 9-12-47

(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 [signature]

Licensed Embalmer No. 2700

P. O. Address K. C. K.

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.