

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8562

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1069</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>3 YEARS</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 Norledge, Conv. Home</u>				d. STREET ADDRESS (If rural, give location) <u>307 Spruce</u>					
3. NAME OF DECEASED (Type or Print) <u>Samuel</u>			a. (First)		b. (Middle)		c. (Last) <u>Parrish</u>		
4. DATE OF DEATH <u>3-6-49</u>		(Month) (Day) (Year)							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan 14, 1862</u>		9. AGE (In years last birthday) <u>87</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Osborn Parrish</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Ivea E. Parrish</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John P. Dix</u> ADDRESS <u>307 Spruce</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2/25</u> , 19 <u>49</u> , to <u>3/6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. Williams</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>5400 St. John Ave. Kansas City, Mo.</u>		23c. DATE SIGNED <u>3/7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ft. Scott, Ks.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>3-8-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u> ADDRESS <u>Kansas City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Robert Williams
5400 ST John

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Robert H. Reed

Licensed Embalmer No. 3245

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.