

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33770**  
**4308**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>4 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		3578		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>				d. STREET ADDRESS (If rural, give location) <b>2501 Brooklyn</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Calvin</b> b. (Middle) <b>Parris</b> c. (Last) _____			4. DATE OF DEATH <b>Oct. 5, 1951</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 21, 1915</b>		
9. AGE (In years last birthday) <b>36</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Melvin, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Anthony Parris</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Musgrom</b>			14. NAME OF HUSBAND OR WIFE <b>Johnnie Parris</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>447-10-4989</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marrell Grayan</b> ADDRESS <b>2407 E. 25th St.</b>				
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: <b>Traumatism</b> ANTECEDENT CAUSES: <b>Basal Skull Fracture</b> <b>Subarachnoid Hemorrhage</b> Morbidity conditions, if any, which rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS: <b>123</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Autopsy at the Hosp #2 - 69020</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident at home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City</b> (COUNTY) <b>Jackson, mo.</b> (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-5-51</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall from 2nd story porch</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) <b>Thos. A. Jones</b>				23b. ADDRESS <b>1612 E 12th</b>		23c. DATE SIGNED <b>10/9/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/9/51</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Wagon, Oklahoma.</b>		
DATE REC'D BY LOCAL REG. <b>10-9-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros. 18th &amp; Benton</b> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Laurence A. Jones*

Licensed Embalmer No. *4429*

P. O. Address *18<sup>th</sup> & Benton*

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.