

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16691  
2487 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>10 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			d. STREET ADDRESS (If rural, give location) <u>3634 Norledge</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3634 Norledge</u>							
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle) <u>F.</u>		c. (Last) <u>Parlett</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 1 - 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-4-1870</u>		9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Grant Co. Marion, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Y. Parlett</u>		13b. MOTHER'S MAIDEN NAME <u>Susan M. Wingerd</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Belle Parlett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-16-2780</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Belle Parlett-3634 Norledge</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 Hemorrh.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Ant-Sclerosis</u> DUE TO (c) <u>Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>10 1/2 22</u> <u>5 yrs</u> <u>33 1/2</u>	
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>1945</u> , 19___, to <u>31 May, 1952</u> that I last saw the deceased alive on <u>31 May, 1952</u> and that death occurred at ___ m., from the cause and on the date stated above.							
23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1025 Rialto Bldg.</u>		23c. DATE SIGNED <u>6-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCune, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>McCune, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-2-52</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C.L. Forster, Kansas City, Missouri</u>			

WRITE PLAINLY—USING UNFADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Angel Herreck*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3599

P. O. Address KCMO

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.