0.300
0.48

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

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41393

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If not in corporate limits, write RURAL and give township) KANSAS CITY - RURAL
c. LENGTH OF STAY (in this place) 47 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 110TH & STATE LINE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 7000
e. STREET ADDRESS (If rural, give location) 110TH & STATE LINE - R.R. #7

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) TRUE c. (Last) PARSONS

4. DATE OF DEATH (Month) (Day) (Year) DEC - 7 - 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH FEB - 18 - 1866
9. AGE (In years last birthday) 88 | 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and State or Foreign Country) SHELBINA MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SPURZHEIN GAUL PARSONS
13b. MOTHER'S MAIDEN NAME MARY F. HANGER
14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MRS. R. J. GARDNER ADDRESS 110TH & STATE LINE R.R. #7 - K.C. MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gross pneumonia ~~Virus pneumonia~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Right lower lobe - pneumonia - lobar.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
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
490 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ....., 1930, *to* Dec 7, 1954, *that I last saw the deceased alive on* Dec 6, 1954, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Delon A Williams M.D.
23b. ADDRESS 806 Prof Bldg
23c. DATE SIGNED 12/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE DEC. 8, 1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~ SHELBINA CEMETERY
24d. LOCATION (City, town, or county) (State) SHELBINA, MISSOURI

DATE REC'D BY LOCAL REG. 12/8/54
REGISTRAR'S SIGNATURE Sterling Goddard
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 1331 Brush Creek Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

DEC 22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert A. Boy

Licensed Embalmer No. 48

P. O. Address P.O. 10,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.