

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40805**

BIRTH NO. **34192318855** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5097**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 MOS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 816 E 14th Street		e. STREET ADDRESS (If rural, give location) 816 E 14th Street	
3. NAME OF DECEASED (Type or Print) a. (First) LARRY		b. (Middle) PARLOR	
c. (Last) PARLOR		4. DATE OF DEATH (Month) (Day) (Year) 11 19 55	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3 16 55
9. AGE (In years last birthday) 9 months 8 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Denver D Parlor		13b. MOTHER'S MAIDEN NAME Maxine Sillas	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Denver Parlor ADDRESS 816 E 14th St.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 491X	
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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. M. Tillman M.D.		23b. ADDRESS 1618 Lydia Ave	
23c. DATE SIGNED 11/19/55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 11 23 55		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		DATE REC'D BY LOCAL REG. 11-23-55	
REGISTRAR'S SIGNATURE neva munsell		25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral Home ADDRESS Kansas City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

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.....
Signature of Student Embalmer

Signed.....
E. J. Kenneth

Licensed Embalmer No.....
2147

P. O. Address.....
R. C. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.