

FILED JAN 22 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 66

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, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital			Length of stay in 1b) 60 Years	d. STREET ADDRESS 3113 Brooklyn Ave.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lavina			First	Middle Jane	Last Parker	4. DATE OF DEATH Jan 6 1957 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 14 1880		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lovick R. Ainsworth				14. MOTHER'S MAIDEN NAME Martha			
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. —		17. INFORMANT Corinne B. Voth 3327 Brooklyn Kan City Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Coronary sinus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of the ovaries, with implantation & metastases DUE TO (c) Arterio-Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 30 months 7 175X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 1, 1957 , to Jan 6, 1957 and last saw her alive on Jan 6, 1957 . Death occurred at 5:30 P.M. m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) D. S. Tarson, M.D.				22b. ADDRESS 3221 West, K.C. Mo		22c. DATE SIGNED 1-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 9 1957	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR Melody McGilley Eylar Kan City Missouri				ADDRESS	25. DATE RECD. BY LOCAL REG. 1-7-57	26. REGISTRAR'S SIGNATURE Neval Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
S. S. Tarson

Dr. S. S. Tarson
32.21 Troost
WE 21-4149
Tell 4130

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 *James E. Hack*

Licensed Embalmer No. *#*

P. O. Address *N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.