

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30776  
Registrar's No. 3533

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
JACKSON  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
In this community 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME KATE MC MEEN  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive 9 years  
7. Birth date of deceased October 19, 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Paris Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER { 12. Name James Laytham  
13. Birthplace Jacksonville, Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Julia Parker  
15. Birthplace Unknown (City, town, or county) (State or foreign country)  
16. (a) Informant Claude Godman  
(b) Address 4312 Cypress

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 9/22/41 (Day received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4312 Cypress (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 20 year 1941 hour 16 minute A. M.

21. I hereby certify that I attended the deceased from 8-27-1941 to 9-20-1941 that I last saw her alive on 9-20-1941 and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease

Due to chronic nephritis

Due to 12/10

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 1318  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? 1318 means of injury  
23. Signature James R. Shaw (M. D. or other)  
Address Date signed

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

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**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *A. D. Blackman* .....

Licensed Embalmer No. *3639* .....

P. O. Address *K. C. Mo* .....

**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.**