

JAN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 298

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

1. PLACE OF DEATH:  
 (a) County Jackson,  
 (b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3677 Belleview, /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether  
 In this community 19 years,  
years, months or days)

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. 3677 Belleview,  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Jemima Ellen Keen,  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 18th  
 year 1943 hour 14:00 minute P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Stephen Lewis Keen,  
 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased February 6 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 28-42  
 1942 to Jan 18 1943  
 that I last saw her alive on Jan 18 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
85 11 12 hr. min.

Immediate cause of death Bronchial Pneumonia  
 Duration 3 weeks

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

Due to 107  
 Due to Semility

10. Usual occupation at home,  
 11. Industry or business X

Other conditions Semility  
(Includes pregnancy within 3 months of death)

MOTHER FATHER  
 12. Name Faountain Bitts Harlan,  
 13. Birthplace Kentucky, /  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Bybee,  
 15. Birthplace Kentucky, /  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ferd Owen,  
 (b) Address 3677 Belleview, Kansas City, Mo.  
 17. (a) Removal (b) Date thereof 1-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sarcoxie, Missouri

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)

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 1-20-43 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)  
 (c) Means of injury.....  
 23. Signature J. W. Brantley, M.D. (M. D. or other)  
 Address 3706 Broadway, Kansas City, Mo. Date signed 1/20-43

Dr. James H. Grauerholz

3706 Brentwood

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. 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.