

FILED JUL 13 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON Co**  
(b) City or town **KANSAS CITY MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST LUKES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)  
In this community **28 years**

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. **705 W. 32nd**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MARYESTHER O'LAUGHLIN LATSHAW**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) ~~Single, widowed, married,~~ divorced **1**  
6. (b) Name of husband or wife **PARKER HENRY LATSHAW** 6. (c) Age of husband or wife if alive **unb** years  
7. Birth date of deceased **MARCH 27 1915**  
(Month) (Day) (Year)

8. AGE: Years **28** Months **3** Days **4** If less than one day hr. min.

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business

MOTHER FATHER { 12. Name **MRS. EDWARD O'LAUGHLIN**  
13. Birthplace **ARGENTINE KANSAS**  
(City, town, or county) (State or foreign country)  
14. Maiden name **PATTIE PAULINE HENRY**  
15. Birthplace **STOCK PORT IOWA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. KATHLEEN O'LAUGHLIN BOURKE**  
(b) Address **705 W. 32nd**

17. (a) **MT. WASHINGTON** (b) Date thereof **JULY 3 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. WASHINGTON**

18. (a) Signature of funeral director **G. E. Mitchell**  
(b) Address **310 N. Main Independence Mo**

19. (a) **7-2-43** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1st**  
year **1943** hour **11** minute **25** A.M.

21. I hereby certify that I attended the deceased from **Jan 7 1943** to **July 1 1943**  
that I last saw her alive on **July 1** and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart Disease; Acute Cardiac Failure** Duration **14 year**

Due to **95%**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Cameron F. Mitchell** (M. D. or other)  
Address **731 W. 47th St. K. Mo.** Date signed **7/2/43**

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

NOV 2 1949

NOV 1 1949

NOV 2 1949

**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 R B Mitchell

Licensed Embalmer No. 64 P

P. O. Address Independence 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.