

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 26 1945  
 1949

2067

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
5123 Grand  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO.  
(Specify whether)  
 In this community 41 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. 5123 Grand  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Royal Fayette Ketchum  
 3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 486-01-1122

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 10  
 year 1945 hour 4:00 minute A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Myra Ketchum  
 6. (c) Age of husband or wife if alive unknown  
 7. Birth date of deceased June 5 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 15  
1945 to May 10, 1945  
 that I last saw him alive on May 9, 1945  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death (Heart)  
Soranyan Occlusion  
Myocardios  
 Due to arteriosclerosis  
 Due to \_\_\_\_\_

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

Other conditions 94a  
(Include pregnancy within 3 months of death)

10. Usual occupation President

Major findings:  
 Of operations \_\_\_\_\_

11. Industry or business K.C. Rubber & Belting Co.,

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Booth Ketchum

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

14. Maiden name Frances Carter

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

16. (a) Informant Mrs. Myra Ketchum

(b) Address 5123 Grand, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Pantheon

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

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?  
 \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_

23. Signature [Signature] (M, Dear, other)  
 Address 1840 P. 3rd St 11.C.P. Date signed 5/10-45

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

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

W.R. 7777

SI

Dr. John O. Skinner

Bryant & Blady

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

*[Handwritten Signature]*

Licensed Embalmer No. 1415

P. O. Address *[Handwritten Address]*

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.