

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9200

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1113

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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 YEARS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
12. STREET ADDRESS DRESDEN HOTEL - 510 EAST 8TH ST.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ARCELLA b. (Middle) WARNER c. (Last) MCMEEN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 11, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work or occupation, including life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MT VERNON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert M. McMeen		13b. MOTHER'S MAIDEN NAME Maloba Casey		14. NAME OF HUSBAND OR WIFE EMMA McMEEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) WWT (Give war or dates of service)		16. SOCIAL SECURITY NO. 500-12-2479		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OFFICIAL VA HOSPITAL RECORDS, K.C., MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral thrombosis, left mid-cerebral artery and its branches ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with hypertension DUE TO (c) Cardiac hypertrophy and dilatation			INTERVAL BETWEEN ONSET AND DEATH 4200
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 9, 1956, to March 11, 1956, at 12:50A m., from the causes and on the date stated above.

23a. SIGNATURE Eugene C. Hwa (Degree or title) MD		23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 3-11-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 13, 1956		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 3-13-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWSOMER JUNIOR ADDRESS 1321 BRITAIN CREEK KANSAS CITY, MO.			

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

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 *Adrian Jay Still*

Licensed Embalmer No. *48*

P. O. Address *W.C. 72*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.