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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34482

Registration District No. NOV 12 1940 Primary Registration District No. 1002 Registrar's No. 3998

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: 1213 East 10 St. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether In this community 37 yrs 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") 0

(d) Street No. 1213 East 10 St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Elizabeth Lillias Watson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife George W Watson

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct. 9 1859 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	6	hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation At Home 1

11. Industry or business 1

FATHER

12. Name Cryus Marlatt

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

MOTHER

14. Maiden name Hannah Moore

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

16. (a) Informant Mrs. Mabel G Gorman

(b) Address 1213 East 10 St, Kansas City Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 18 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Rushville Missouri

18. (a) Signature of funeral director Mrs C.L.Forster

(b) Address 918 Brooklyn

19. (a) 10-17-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Jan 1937, to Oct. 15, 1940, that I last saw her alive on Oct 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 3 yrs

Due to Nephritis hypertension — 10 yrs

Due to — 131

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature E W Slusher (M. D. or other)

Address 900 Rialto Bldg Date signed 10-16-40

(Licensed Embalmer's Statement on Reverse Side)

gr 0336

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 Denzil C. Browning

Licensed Embalmer No. 2764

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.