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1943  
FILLED JUL 1943

20600

State File No.

2150  
Registrar's No.

Registration District No. 197

Primary Registration District No. 5276

1. PLACE OF DEATH:

(a) County Jackson  
(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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Rural-- North Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #5 (Vrooman Acres) /  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 29 day  
year 1941 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from  
May 7, 1941 19\_\_\_\_ to May 29, 1941 19\_\_\_\_  
that I last saw er alive on May 29, 1941 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Essential Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)  
coronary dilatation

Major findings:  
Of operations failure

Of autopsy myocardial infarction  
Chronic Interstitial

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

3. (a) PRINT FULL NAME MRS. EMMA J. WATKINS

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rolie E. Watkins 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 11, 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 18 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sullivan, Ill. /  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Henry Cain

13. Birthplace Coshocton, Ohio /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Allbridge

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

16. (a) Informant R. E. Watkins

(b) Address Box 7334 North K. C. Mo.

17. (a) Burial (b) Date thereof June 1, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) 6/1/1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

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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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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.