

FILED FEB 21 1943
Registration District No. 149

Primary Registration District No. 1002

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:
1548 East 49th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether 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. 1548 East 49th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Katherine Watson Donaldson

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 Widowed

6. (b) Name of husband or wife John Donaldson 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased November 20 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Greencastle Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business —

12. Name William Watson

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

14. Maiden name Betsy Pitt

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

16. (a) Informant Mrs. Frank Woodburn
(b) Address 1548 East 49th Street

17. (a) Cremation (b) Date thereof Feb. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: At Home D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/8/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 3
1943 to Feb 6 1943

that I last saw her alive on Feb 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 7 days

Due to General debility and
Renal insufficiency found

Due to Just 8 or 10 yrs. 230

Other conditions old & blue pneumonia
(Include pregnancy within 3 months of death) M. P. James

Major findings:
Of operations —

Of autopsy none

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 M. P. James (M. D. or other) 0
Address Plaza Bank Bldg. Date signed 2/8-43

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

48
3
8

11-5
J
P

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 C. Hervey Cressenber
Licensed Embalmer No. 4070
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.