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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1815 395

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: St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days. (Specify whether
In this community all its life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson, 48 2

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2 East 57th Street,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X 0

3. (a) PRINT FULL NAME Baby Jack Roland Watkins

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced infant 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased January (Month) 8 (Day) 1944 (Year)

8. AGE: Years - Months 2 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation X

11. Industry or business X

FATHER
12. Name Roland M. Watkins, Jr.
13. Birthplace California (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Doris Barker
15. Birthplace Utah (City, town, or county) 1 (State or foreign country)

16. (a) Informant Roland M. Watkins, Jr.
(b) Address 2 E. 57th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 24, 1944 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 22nd year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 12, 1944 to Jan 22, 1944 that I last saw him alive on Jan 22, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Pneumonia - Virus - | 2 da |
| Due to Atelactasis | 12 da |
| Due to Prematurity | |
| Other conditions (Include pregnancy within 3 months of death) — | |
| Major findings: Of operations — | |
| Of autopsy as above 159 | |

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 Sr Samon Walthall (M. D. or other) 0

Address 233 Plaza Medical Date signed 1-22-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Damon Walthall

## 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 E. M. Plank

Licensed Embalmer No. 1848

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.**