

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED MAR 6 1944
199

Registration District No. **199**

Primary Registration District No. **1002**

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12-21-43-2-20-44**
(Specify whether years, months or days)

In this community **69 yr.**

3. (a) PRINT FULL NAME **JULIA ANTHONY**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **3 Negro**

6. (a) Single, widowed, married, divorced **2 divorced widow**

6. (b) Name of husband or wife **unk**

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

7. Birth date of deceased **August 12 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	8	hr. min.

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

10. Usual occupation **unemployed**

11. Industry or business

MOTHER FATHER {

12. Name **John Watts**

13. Birthplace **Glasgow Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Bostic**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **2-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Adkins Bros.**

(b) Address **2000 E. 12th K.C. Mo.**

19. (a) **2-24-44** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1105 Woodland**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20**
year **1944** hour **6:45** minute **a.** M.

21. I hereby certify that I attended the deceased from **December 21**, 1943, to **February 20**, 1944;
that I last saw her alive on **February 20**, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **Decompensation**

Due to **Rheumatic Endocarditis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **92c**

Duration

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?

While at work? (Specify type of place)

(c) Means of injury **0**

23. Signature **J. E. Brown** (M. D. or other)
Address **New York #2-6008.32** Date signed **2-21-44**

APR 26 1973

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.....

Licensed Embalmer No.....

P. O. Address.....

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.