

S. No. 2  
M-8-43  
7-5-17-39  
X37823

1508

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1945

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 481

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:  
2314 Michigan  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
Eight Months (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. 2314 Michigan  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT Kattie B. Watkins  
 FULL NAME

3. (b) If veteran, name war. NO  
 3. (c) Social Security No. 493-26-4866

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Married

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

7. Birth date of deceased. Spt 3 1919  
 (Month) (Day) (Year)

8. AGE: 25 Years 4 Months 28 Days 24 hr. 1 min.

9. Birthplace Don't know LA  
 (City, town, or county) (State or foreign country)

10. Usual occupation Nurse wife

11. Industry or business \_\_\_\_\_

12. Name Bick Stewart

13. Birthplace Don't know LA  
 (City, town, or county) (State or foreign country)

14. Maiden name Mammie

15. Birthplace Don't know LA  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Watkins

(b) Address 2314 Michigan

17. (a) Burial (b) Date thereof Feb 1-1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Highland Cmg.

18. (a) Signature of funeral director. W. C. Appleton Jones  
 (b) Address 1905 Vine St.  
 19. (a) 1-30-45 (b) D. C. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27  
1945 year. hour 12 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1-27-1945 to 1-27-1945

that I last saw him alive on 1-27-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Labor Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations ✓

Of autopsy no

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) (e) Means of injury \_\_\_\_\_

23. Signature W. C. Appleton Jones (M. D. or other) \_\_\_\_\_

Address 2028 Vine St. Date signed 1/27/45

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

MOTHER FATHER

261

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

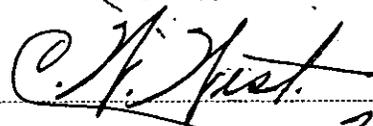
**STATEMENT BY LICENSED EMBALMER**

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. 3710

..... P.O. Address 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.**