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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16110

FILED JUN 4 1945

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2203

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

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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. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 59 years
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. 1341 East 75th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES F WATTERS

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-8394

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Florence Watters

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

7. Birth date of deceased June (Month) ? (Day) 1885 (Year)

8. AGE: Years 59 ~~60~~ Months 11 Days - If less than one day hr. min.

9. Birthplace Dundalk (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Transportation Dept

11. Industry or business K. C. Public Service

FATHER
12. Name Charles Watters
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth McVey
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. R. J. Higgins
(b) Address 35 West 53rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Fruirk and Cobin
(b) Address 20 West Linwood

19. (a) 5-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/20/45 day
year hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Apr 1, 1945, 19 , to May 20, 1945
that I last saw him alive on May 19, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung (Bronchogenic)	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 47 C

Of autopsy see above

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 [signature] (M. D. or other)

Address 140 S. W. Blvd. Date signed 5/20/45
KCKS.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quirk

Licensed Embalmer No. 3774

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.