. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23277

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2937

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:
1025 Cherry /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 Cherry 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Marie Watson

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 Married /

6. (b) Name of husband or wife Eugene A. Watson

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 5 (Month) 1 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	2	10	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name R. A. Johnson
13. Birthplace ..... (City, town, or county) Sweeden 4 (State or foreign country)

MOTHER
14. Maiden name Marie Nellie Hearst
15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Eugene A. Watson
(b) Address 1025 Cherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 7-13-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 1945 hour 1 45 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to arterio-sclerosis	
Due to	
Other conditions 94a (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy No permit History + Inspection

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 James C. Walker (M. D. ~~or other~~) 3 Coroner
Address 1424 [illegible] Date signed 7-11-45

(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 Cortland F. Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.)

R C MO.

If this body is not embalmed, fact should be so stated above.