S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1945

State File No. 36432

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4803

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:
425 GLADSTONE BLVD. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 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. 425 GLADSTONE BLVD. 8
(If rural, give location)

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

If yes, name country ENGLAND

3. (a) PRINT FULL NAME MR. ERNEST WATERMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ISABELL WATERMAN

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

7. Birth date of deceased JANUARY-23-1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	9	29	26 hr. ..... min.

9. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)

10. Usual occupation ELECTRICIAN

11. Industry or business RETIRED 16 YEARS

FATHER
12. Name CHARLES A. WATERMAN
13. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name SARAH J. CHUBB
15. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant Mrs Isabell Waterman
(b) Address 425 Gladstone

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof NOV-22-1945 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-22-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 19TH
year 1945 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from Jan 1 1944, 19..., to Nov 19, 1945
that I last saw him alive on Nov 18, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr
Due to Hypertension	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 0

Major findings:
Of operations
Of autopsy

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 John G Henry (M. D. or other) DO
Address 2105 Independence Date signed 11-21-45

(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 NOT embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed ~~E. Oscar Worthy~~

Licensed Embalmer No. ~~1767~~

P. O. Address ~~Kansas City~~

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.