

No. 2
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5-17-39
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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. **13419**
Registrar's No. **1773**

Registration District No. **149** Primary Registration District No. **1002**

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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 1/2 hours**
(Specify whether years, months or days) In this community **23 years**

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. **3017 East 18th St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **No.**

3. (a) PRINT FULL NAME **MARGARET L. WATKINS**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Watkins** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **December 24 1905**
(Month) (Day) (Year)

8. AGE: Years **40** Months **3** Days **19** If less than one day hr. min.

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

10. Usual occupation **Home**

11. Industry or business **Home**

MOTHER FATHER
12. Name **C. H. Landis**
13. Birthplace **Glendell, Minnesota** (City, town, or county) (State or foreign country)
14. Maiden name **Hattie Cox**
15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. C. H. Landis**

(b) Address **3124 Woodland K. C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 16, 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Wilks' Funeral Home**

(b) Address **2315 Linwood K. C. Mo.**

19. (a) **4-15-46** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **13** year **1946** hour **9:50** minute **P** M.
21. I hereby certify that I attended the deceased from **April 13, 1946** to **April 13, 1946** that I last saw him **alive** on **April 13, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage of Bow**
Due to **Hypertrophy of heart**
Due to **Edematous Congestion of Guts**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations! **95C**
Of autopsy **you - as alive**
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? **46** (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 **3**
23. Signature **J. W. Walker** (M. Doctor) Date signed **4-14-46**
Address **1826 N. 1st St.**

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

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..... *Chas E. Wilks*

Licensed Embalmer No. *2644*

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.