

FILED APR 17 1946

Registration District No. 16

Primary Registration District No. 5572

State File No.

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Little Blue Rural Precinct  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County for Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
(Specify whether  
In this community 3 yrs  
years, months or days)

3. (a) PRINT FULL NAME Lanie Watson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grant Watson 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased March 1, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 10 9 hr. min.

9. Birthplace New Port Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Mitchell

(b) Address 1629 Elders, K. C., K.

17. (a) burial (b) Date thereof 1/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hathins Trow

(b) Address 1729 Lydia

19. (a) 1/13/46 (b) Sandra L. B...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Panama City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 609 E 10th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th  
year 1946 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1946 to Jan 10, 1946  
that I last saw her alive on Jan 9, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke (Cerebral)  
Duration

Due to Stemorrhages

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 85

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. F. D. ... (M. D. or other) M.D.  
Address R. F. D. ... Date signed 1-11-46

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

MOTHER FATHER

**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

*D. Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*25037 Highland*

**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.**