S. No. 2
OM—5-43
v. 5-17-39
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 JUN 10 1946

State File No. 16907

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2435

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: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-DAY (Specify whether
In this community 1-DAY 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. 3620 GENESEE STREET
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME INFANT 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 SINGLE

6. (b) Name of husband or wife ------

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

7. Birth date of deceased MAY (Month) 30 (Day) 1946 (Year)

8. AGE: Years | Months | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business ------

FATHER
12. Name JACK WATSON
13. Birthplace POTEAU (City, town, or county) OKLAHOMA (State or foreign country)

MOTHER
14. Maiden name PATRICIA E. COLE
15. Birthplace MONTROSE (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Jack Watson
(b) Address 3620 Genesee KC Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2-1946 (Month) (Day) (Year)
(c) Place: burial or cremation MONTROSE MISSOURI

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

19. (a) 6-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1946 hour one minute 35p M.

21. I hereby certify that I attended the deceased from May 30, 1946, to May 31, 1946; that I last saw her alive on May 31, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to —	
Due to —	
Other conditions None. (Include pregnancy within 3 months of death)	
Major findings: Of operations — 159	
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 Sidney F. Pollack (M. D. ~~Coroner~~)

Address 628 Professional Bldg. Date signed

(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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.