

U.S. No. 2  
OM-5-43  
Rev. 5-17-39  
W I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27410  
Registrar's No. 3375

**FILED** AUG 19 1946

Registration District No. 1002 Primary Registration District No. 1002

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

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 No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community unknown

3. (a) PRINT FULL NAME PRISCILLA WATTS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased February 22, 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>5</u>	<u>12</u>	hr. <u>11</u> min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER {

12. Name John Watts

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

14. Maiden name Kitty

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

16. (a) Informant J. E. Hobson, Friend

(b) Address 2447 Euclid Benton 5861

17. (a) Bureau (Burial, cremation, or removal)

(b) Date thereof Aug. 8, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery N.C.M.

18. (a) Signature of funeral director Fannie J. Meek

(b) Address 1708 E. 18th St. Kansas City, Mo.

19. (a) 8-5-46 (Date received local registrar)

(b) Thereldine Holmbe (Registrar's signature)

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. 1921 E. 24th Ter.  
(If rural, give location)

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

If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3  
year 1946 hour 7:1 minute 50 A. M.

21. I hereby certify that I attended the deceased from August 1 to August 3 1946  
that I last saw or alive on August 3, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhous of Liver  
(etiology undetermined)

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1246

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 \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.

Address 600 E. 22nd St. Date signed 8/5/46

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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 Fannie G. Meek.....

Licensed Embalmer No. 3818.....

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.**