

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED JAN 23 1947

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:
3215 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6.5 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 Campbell
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles W. Watson

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 12-25-1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
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 Mrs. Paula M. Dorette
(b) Address 4373 Harrison

17. (a) Cremation (b) Date thereof 1-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chenwood Cemetery

18. (a) Signature of funeral director H. Tegelman

(b) Address K.C.

19. (a) 1-6-47 (Date received local registrar)
Steraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1946, to Dec 1946
that I last saw him alive on 12-19-46 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to cause unknown

Other conditions Severe Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93 D

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 2

23. Signature Anton D. Stevens (M. D. or other)
Address 1103 E. Armour Date signed 1-6-47

Duration
3 yrs
long
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. P. Pagen*.....
Licensed Embalmer No. *2744*
P. O. Address *K. P. 2nd*.....

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.