FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31150

FILED SEP 29 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3967

WRITE PLAINLY—USING 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 #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 3 hrs. 10 min. (Specify whether

In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3

(d) Street No. 2450 Olive Street (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GEORGIA COTTON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 3

5. Color or race NEGRO

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

6. (b) Name of husband or wife BURNIE

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

7. Birth date of deceased APRIL (Month) 24 (Day) 1901 (Year)

8. AGE: Years 46 Months 54 Days 19 If less than one day hr. min.

9. Birthplace BAXTER SPRINGS (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN WATSON
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADDIE WISNER
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant BURNIE COTTON

(b) Address 2450 Olive Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery N-C-H

18. (a) Signature of funeral director N. W. Hartman

(b) Address 1520 N. 5th St

19. (a) 9-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 13 year 1947 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from September 12th, 1947, to September 13, 1947 that I last saw her alive on September 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death RUPTURED DIVERTICULUM OF SIGMOID WITH PELVIC PERITONITIS: TOXEMIA AND DEHYDRATION

Due to spontaneous rupture

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy SAME AS ABOVE

Duration

PHYSICIAN

Underline the cause of 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 0

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

Address 600 East 22nd Date signed 9/15/47

Jefferson City Printing Co. (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 [signature]

Licensed Embalmer No. 2700

P. O. Address K. C. K.

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.