No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics 1

FILED OCT 21 1947

Registration District No. 799

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34726

Registrar's No. 4279

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: City Jail 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas city MO 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1834 Main St 8
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Ida Watson

3. (b) If veteran, name war no.

3. (c) Social Security No. Do not know

4. Sex Female

5. Color or White

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 1877 (Month) (Day) (Year)

8. AGE: Years 70 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Do not know (City, town, or county) 4 (State or foreign country)

10. Usual occupation Do

11. Industry or business

FATHER
12. Name not 9
13. Birthplace ..... (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name know
15. Birthplace ..... (City, town, or county) (State or foreign country) 7

16. (a) Informant .....
(b) Address Corners office KCMO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill [illegible]

18. (a) Signature of funeral director Pass [illegible]
(b) Address KCMO

19. (a) 10-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1947 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Causes, 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	

Major findings:
Of operations .....
Of autopsy yes as above

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 2

23. Signature [illegible] (M. D. or other) Coron
Address [illegible] Date signed 10-8-47

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. Frances Walter

Licensed Embalmer No. 27444

P. O. Address 15-e 900

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.