

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

23612
380

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1949</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2417 Highland</u>		d. STREET ADDRESS (If rural, give location) <u>2417 Highland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie Mae</u> b. (Middle) <u>Watkins</u> c. (Last) <u>Rucker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1, 1913</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Crossett, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Willie H. Watkins</u>	13b. MOTHER'S MAIDEN NAME <u>Ozie Cotton</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Rucker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ozie McKay</u> ADDRESS <u>2417 Highland</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia, Dehydration and Anemia.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Garcinoma of Urethra</u>		
DUE TO (c) <u>" "</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 24, 1948 to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 5:52 P.M. from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>Bruce P. McDonald</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2204 E. 18th</u>	23c. DATE SIGNED <u>7-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-15-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Helms</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lydia</u> ADDRESS <u>1729 S. Lydia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Bruce Riley Jr.*

Licensed Embalmer No. *46500*

P. O. Address *1729 Lydia*

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.