

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17001

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2313</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2817 Independence Blvd.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2817 Independence Blvd.				4. DATE OF DEATH (Month) (Day) (Year) May 20 1950					
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) BEN		c. (Last) WATSON					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 20, 1889			
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 61		IF UNDER 11 HRS. Hours 61		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Detective (Retired)				10b. KIND OF BUSINESS OR INDUSTRY K.C. Police Dept.		11. BIRTHPLACE (State or foreign country) Ladonia, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA									
13a. FATHER'S NAME Marion F. Watson			13b. MOTHER'S MAIDEN NAME Margaret J. Bradley			14. NAME OF HUSBAND OR WIFE Elizabeth Costello Watson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Watson 2817 Independence Blvd.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac embolism of L. car. with Renal Anasarca ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, diastolic DUE TO (c) Arteriosclerosis, generalised II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5810							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Kansas City Jackson Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Feb. 1, 1950 , to May 20, 1950 , that I last saw the deceased alive on April 20, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) Dr. Stanley M. Mores				23b. ADDRESS 1512 Professional Bldg.		23c. DATE SIGNED 5/21/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 5-22-50		REGISTRAR'S SIGNATURE St. Mary's Cemetery		25. FUNERAL DIRECTOR'S SIGNATURE St. Mary's Cemetery		ADDRESS K.C. Mo.			

JUN 29 1950

Diastaltic

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *B. W. L. [Signature]*

Signed.....
Student Embalmer.

Licensed Embalmer No. *4723*

P. O. Address *K.C. 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.