

No. 300
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 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26143

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 986

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 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 St. Joseph - Center Twp. 1 week | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3118 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sparta Road Nursing Home | | d. STREET ADDRESS (If rural, give location) 501 West 11th | |

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|-------------------------------------|---------------------|--------------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Gertrude | b. (Middle) Watson | c. (Last) Jansen | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1950 |
|-------------------------------------|---------------------|--------------------|------------------|---|

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|---------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|-------------------------|-----------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 6, 1880 | 9. AGE (In years last bIRTHDAY) 70 | IF UNDER 1 YEAR 2 Months | IF UNDER 1 YEAR 24 Days | IF UNDER 1 MIN. Hours |
|---------------|------------------------|--|-------------------------------|------------------------------------|--------------------------|-------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY ownhome | 11. BIRTHPLACE (State or foreign country) California | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---------------------------------------|---|---|
| 13a. FATHER'S NAME Benjamin F. Watson | 13b. MOTHER'S MAIDEN NAME Rosella B. Wright | 14. NAME OF HUSBAND OR WIFE James M. Jansen |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | 16. SOCIAL SECURITY NO. 486-07-3117A | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robt. S. Watson 121 S. 17th, St. Joseph, Mo. |
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| 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, asthma, 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) Anteroseptal heart disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anteroseptal, generalized DUE TO (c) None | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis | | 4500 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 24 Aug., 1950, to 30 Aug., 1950, that I last saw the deceased alive on 24 Aug., 1950, and that death occurred at 3:45A m., from the causes and on the date stated above.

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|---|-----------------------------|----------------------------|
| 23a. SIGNATURE Willard P. McDonald (Degree or title) M.D. | 23b. ADDRESS 301 N. 8th St. | 23c. DATE SIGNED 30 Aug 50 |
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|--|------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 9/1/50 | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| DATE REC'D BY LOCAL REG. 9-2-50 | REGISTRAR'S SIGNATURE E. G. Jenkins 382 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Powman Funeral Home St. Joseph, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1950

NON

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

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 50th St, St Joseph*

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.