

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41356

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>164</u>		
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>RAWLINS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRENTOX</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TOPEKA</u>		81-20		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>908 E 7th St</u>				d. STREET ADDRESS (If rural, give location) <u>1116 TAYLOR ST</u>				
3. NAME OF DECEASED a. (First) <u>HENRIETTA</u>			b. (Middle) <u>E.</u>		c. (Last) <u>WATSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 16, 1864</u>		9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>2</u>	11. DAYS <u>34</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>SILLENSTEDE GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>G. H. JANSSEN</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE PICKLEES</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES WATSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. M. A. Manifest, Topeka</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, asphyxia, 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>Cerebral hemorrhage</u>				DUE TO (b) <u>arterio sclerosis</u>				2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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)		331X		
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 <u>Dec 1, 1951</u> , to <u>Dec 9, 1951</u> , that I last saw the deceased alive on <u>Dec 9, 1951</u> , and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Topeka Mo</u>		23c. DATE SIGNED <u>12/10/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hill, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka Kan</u>			
DATE REC'D BY LOCAL REG. <u>12/10/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Blain-Blackburn, Topeka Mo</u>				

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

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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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Davis* _____

Licensed Embalmer No. *3424*

P. O. Address *Wrenton, 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.