

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41289**
5711

FILED JAN 3 1955

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

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** 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)
51 yrs.

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4034 Bellefontaine**

STREET ADDRESS (If rural, give location)
4034 Bellefontaine 3618

3. NAME OF DECEASED
a. (First) **BERNARD** b. (Middle) **F.** c. (Last) **WATERS**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 13, 1954

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **March 3, 1862**

9. AGE (In years last birthday) **92**
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Public Service Co.

11. BIRTHPLACE (City and State or Foreign Country)
Co. Roscommon, Ireland

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Bernard Waters

13b. MOTHER'S MAIDEN NAME
Mary Keville

14. NAME OF HUSBAND OR WIFE
Antionette Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
No

16. SOCIAL SECURITY NO.
492-14-6684

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Vera Bretschner 4034 Bellefontaine

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma colon**
ANTECEDENT CAUSES DUE TO (b) **Carcinoma colon**
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.
C

INTERVAL BETWEEN ONSET AND DEATH
8 mo
8 mo
153X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May**, 1914, to **Dec 13, 1954**, that I last saw the deceased alive on **12-13, 1954**, and that death occurred at **2:45a** m., from the causes and on the date stated above.

23a. SIGNATURE **Wm R. Jackson MD** (Degree or title)

23b. ADDRESS
1107 Bryant Bldg

23c. DATE SIGNED
12/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12/14/54

24c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Mo.

DATE REC'D BY LOCAL REG.
12-13-54

REGISTRAR'S SIGNATURE
Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Melody-McGilley-Bylar Kansas City, Mo.

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

Dr. Wm. Jackson

*Van Jackson
Bryant
11/1/42*

11:00 - 4:00

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
Signature of Student Embalmer

Signed *Melvin Parteau*

Licensed Embalmer No. *490*

P. O. Address *K.C.M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.