

12228

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10.48

FILED MAY 16 1955

1719

Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 e. STREET ADDRESS (If rural, give location) 2106 East 16th Street

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) \_\_\_\_\_ c. (Last) Witt 4. DATE OF DEATH (Month) (Day) (Year) 4 14 1955

5. SEX female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 8. DATE OF BIRTH Jan. 9, 1893 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid 10b. KIND OF BUSINESS OR INDUSTRY private family 11. BIRTHPLACE (City and State or Foreign Country) Greenfield Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Anderson McGee 13b. MOTHER'S MAIDEN NAME Roy Ann Thompson 14. NAME OF HUSBAND OR WIFE Leroy Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Gibson 1329 Vine

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Possible carcinoma of the rectum.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1547

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) (Min.) \_\_\_\_\_ 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 4-14-55, 1955, to 4-14-55, 1955, that I last saw the deceased alive on 4-14-55, 1955, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) \_\_\_\_\_ 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 4-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) buried 24b. DATE April 18, 1955 24c. NAME OF CEMETERY OR CREMATORY Lincoln 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 4-18-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Funeral Home 10<sup>th</sup> Benton

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
*Bruce A. Watkins*

Licensed Embalmer No.....*85*

P. O. Address.....*17th St. Bm.*

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.