

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson - Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2449 Woodland 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 24 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2449 Woodland  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Watson 325  
(b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1940 hour 7 minute 10 P.M.

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Veta Watson  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased April 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12, 1940, to July 19, 1940;  
that I last saw him alive on July 19, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia  
result of infected foot

8. AGE: Years Months Days If less than one day  
78 3 10 hr. min.

Due to Infected foot

9. Birthplace Lake Arthur Louisiana  
(City, town, or county) (State or foreign country)

Due to Cut foot while trimming  
bunion

10. Usual occupation Laborer

Other conditions N.M.D.  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Veta Watson  
(b) Address 2449 Woodland

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) acc  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 7-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(c) Place: burial or cremation Highland Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director West, Applton & Jones

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury !

(b) Address 1905 Vine St.  
July 22, 1940

23. Signature M. M. Crowe (M. D. or other) M.D.

19. (a) \_\_\_\_\_ (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Address 1905 Vine Date signed 7/30/40

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

5847

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *C. H. West*

Licensed Embalmer No. *2710*

P. O. Address *Kansas City, 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, above space should be left blank.**