

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4274

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. + 18 days
(Specify whether years, months or days) 30 days

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County _____
(c) City or town Monett, Mo. R.F.D. # 2
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Bobbie Watkins

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 - 5 - 39
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 13 hr. _____ min.

9. Birthplace Monett Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Wilson Watkins

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Beatrice Hall

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Wilson Watkins

(b) Address Monett Missouri

17. (a) Burial (b) Date thereof 11-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Church of Arkansas

18. (a) Signature of funeral director Mrs. C. Foster

(b) Address Kr. no

19. (a) NOV. 9, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1940 hour 6 minute 28 P.M.

21. I hereby certify that I attended the deceased from 9-25, 1940, to 11-8, 1940;
that I last saw him alive on 11-8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Pyelonephritis
Atrophy of the bladder
Due to _____
Due to 1-D7A

Duration
2 day

Other conditions Consented Extrophy of M. Bladder
(Include pregnancy within 9 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury i

23. Signature H. J. Oberholser (M. D. or other) _____
Address 1530 Prof. Bldg Date signed 11/8/1940

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 Etheron A. Redmon

Licensed Embalmer No. 2737

P. O. Address A.C. 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.