

2  
3-40  
7-39  
K23159

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town  
 (c) Name of hospital or institution: **K.C. General Hospital No. 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 days**  
 In this community **30 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE 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 **Mar.**  
 6. (b) Name of husband or wife **Nancy Watkins** 6. (c) Age of husband or wife if alive **Not given** years  
 7. Birth date of deceased **Sept. 19th, 1873**  
 (Month) (Day) (Year)

8. AGE: Years **68** Months **24** If less than one day hr. min.

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

10. Usual occupation **Barber**

11. Industry or business  
 12. Name **Wesley Watkins**  
 13. Birthplace **Mo.**  
 14. Maiden name **Lydia Taylor** (City, town, or county) (State or foreign country)  
 15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**  
 (b) Address **K.C. Gen. Hospital**

17. (a) **Burial** (b) Date thereof **Oct 15 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **South Pt. Overlook, Mo**

18. (a) Signature of funeral director **Edgar V. Son**  
 (b) Address **10/13/41**  
 19. (a) **10/13/41** (b) **n. n. Crown**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **048**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
 (d) Street No. **1519 Colorado**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13th**  
 year **1941** hour **6** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **10-6-41**, 19... to **10-13-41**, 19...  
 that I last saw him alive on **10-13-41**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Pyelonephritis and coronary atherosclerosis**

Due to **g/a**  
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **g/a**  
 Of operations  
 Of autopsy **See above**

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

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  
 23. Signature **Henry R. Thoin** (M. D. or other) **0**  
 Address **Med. Dir. K.C. Gen. Hospital** Date signed **10-13-41**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4137

P. O. Address Crick Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**- If this body is not embalmed, fact should be so stated above.**