

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 208

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5308 Thompson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 years
(Specify whether 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. 5308 Thompson
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT NAME Mrs. Mary Susan Watts
 FULL NAME
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased: September 11 1846
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>4</u>	<u>5</u>	hr. min.

9. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
 12. Name Joseph B. Calloway
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Virginia Swindle
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Watts
 (b) Address Hannibal, Mo.

17. (a) Removal (b) Date thereof 1-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 1-17-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
 year 1942 hour minute M.
 21. I hereby certify that I attended the deceased from Sept 26
1941 to Jan 16 1942
 that I last saw her alive on Jan. 14 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death dilatation of heart
 Due to Chronic Myocarditis 10 years
arterio sclerosis
 Due to

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 930
 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) (a) Means of injury
 23. Signature M. Canally Indef. Ave
(M. D. or other) (Date signed)
 Address 6520 Indef. Ave Date signed 1-16-42

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

6520
Be 0952
Cullen
New W. Cullen
9:20
8:10 PM

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.....

P. O. Address.....

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.