

No. 2
4-13-40
4-17-39
I X23159

State File No.

FILED MAR 16 1942

Registration District No. 217

Primary Registration District No. 1002

Registrar's No. 977

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week
(Specify whether years, months or days)

In this community: 41 10 YRS.

3. (a) PRINT FULL NAME ORA. SYLVIA WATSON

3. (b) If veteran, name war:

3. (c) Social Security No. None

4. Sex Female, race White

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Orla Watson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 22 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 209 Days 14 If less than one day hr. min.

9. Birthplace Harrison Ark
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business Beauty Operator

MOTHER FATHER

12. Name James Fisher

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

14. Maiden name Bern Capps

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

16. (a) Informant O. E. Watson

(b) Address 3818 Washington

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof March 11-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director J. H. Thayer

(b) Address 2512 Halpin St

19. (a) Nov 9 1941
(Date received local registrar)

(b) M. M. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3818 Washington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1942 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from 2/25/42
to 3/6, 1942
that I last saw her alive on 3/6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Probably to Pleur or Misanteric Thrombosis

Due to 1228

Other conditions 1228
(Include pregnancy within 3 months of death)

Major findings: Dynamic Pleur = Pleur
fastened by heavy adhesion to left upper
of autopsy: 1 ovary on 2/28/42
No autopsy

Duration

Several P.O. Days

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?

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

(Specify type of place)

While at work?

(e) Means of injury

23. Signature Dr. John H. Hull (M. D. or other) J

Address 503 E. Harrison Date signed 3/7/42

361

8034 Morrison La 3610

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

P. G. Thiesen

Licensed Embalmer No.

2361

P. O. Address

2512 Halmes St

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.