

S. No. 2
1-9-4-41
7-5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23662

State File No. _____

2716

FILED JUL 27 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hrs. (Specify whether
years, months or days)

In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
3
8

(c) City or town Kansas City

(d) Street No. 4419 Troost Ave.
(If outside city or town limits, write "RURAL")
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur H. Watling

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

4. Sex male 0 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Watling 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 13 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Berkshire England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business for self

12. Name Mathew Watling

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Jackson

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Watling

(b) Address 6303 E. 35th. Ter.

17. (a) Burial (b) Date thereof 7-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 7-16-42 (b) M. M. Drome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
year 42 hour 10:40 minute 0 M.

21. I hereby certify that I attended the deceased from _____
Crown 19_____
that I last saw h. _____ alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Crown my occlusion Duration _____

Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy see form

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) (a) Means of injury _____

23. Signature C. Smith (M.D. or other) _____
Date signed 7/16/42

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

MOTHER FATHER

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.....

Chas. Wilks

Licensed Embalmer No. *2644*

P. O. Address.....

1800 Linwood

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.