

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4297

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:
Imez Hotel 9 - Troest 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 20 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 9 - Troest
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ralph Waldo Watkins
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 16
year 1942 hour 10 minute 30 a M.
21. I hereby certify that I attended the deceased from 7/10
1942 to 11/16 1942
that I last saw him alive on 11/15 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Elizabeth Watkins
(c) Age of husband or wife if alive 61 years
7. Birth date of deceased May 20 1890
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs.
Arterio Sclerosis 5 yrs
Due to g2a
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 72 Months 5 Days 16
If less than one day hr. min.

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

10. Usual occupation Electric District mgr.
11. Industry or business Illinois Product Co.

MOTHER FATHER }
12. Name Joseph Watkins
13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bruner
15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Watkins
(b) Address 9 + Troest
17. (a) Burial (b) Date thereof Nov 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. J. Barsher
(b) Address 918 Brooklyn
19. (a) 11-18-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature M. M. Brown (M. D. or other)
Address 900 North Bell Date signed 11/17/42

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

9-7-1968
R. H. White
R. H. White

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.....*me*.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*R. H. White*.....

Licensed Embalmer No. *2573*.....

P. O. Address.....*R. H. White*.....

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.