

FILED AUG 21 1943

Registration District No. 149

Primary Registration District No. 1002

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:
1623 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 7 months (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Betty Watson
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, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Dec 19, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 20 hr. min.

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

10. Usual occupation none
11. Industry or business none

MOTHER FATHER

12. Name William O. Watson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fannie G. Grable
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm O Watson
(b) Address 1621 Summit

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 9, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Burlingame, Kan

18. (a) Signature of funeral director Hernbacher
(b) Address 3146 Main St

19. (a) 8-9-43 (Date received local registrar) (b) D. E. Brown
(Registrar's signature)

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. 1621 Summit
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th
year 1943 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from born to 6/1, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombophlebitis
status hyper-tension
Due to _____

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

Major findings: Of operations _____
Of autopsy see form

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 Kaw (Date) 8-9-43
Address _____ Date signed _____

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 *Ray Buffington*
Licensed Embalmer No. 2956
P. O. Address KC MO

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.