

No. 2
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FILED JAN 26 1946

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 238

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KAHSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4323 GILLHAM ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 43 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KAHSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4323 GILLHAM ROAD
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRIETTA WATSON

(b) If veteran, name war No

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13th
year 1946 hour 1 minute 20 A.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. WILLIAM C. WATSON

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: JUNE 9- 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1 hour 19____ to _____ 19____;

that I last saw h_____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 7 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Asphyxiation

Due to Smoke Poison

Due to _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

Other conditions _____

(Include pregnancy within 5 months of death)

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____

Of autopsy no
Autopsy Impunctus

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name EDWARD S. MENDENHALL

13. Birthplace MT VERNON ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name HENRIETTA R. RUCKEL

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 1-13-46 1 2 2

(c) Where did injury occur? 4323 Gillham Rd
(City or town) (County) (State)

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

16. (a) Informant MRS. MARY ANERS

(b) Address 4323 GILLHAM ROAD

17. (a) BURIAL (b) Date thereof JAN-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

While at work? no (Specify type of place)

(e) Means of injury Home Fire

23. Signature [Signature] (M. D. or other) _____
Address 1424 1/2 W. 1st St. Date signed 1-13-46

18. (a) Signature of funeral director [Signature]

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-15-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JAN 29 1946

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 *Melvin Miller*

Licensed Embalmer No. *4427*

P. O. Address *Kansas City, 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.

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 238

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: 4323 Santa Fe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henrietta Watson

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

4. Sex..... 5. Color or race.....
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 1-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1946 hour 2:30 a.m.

21. I hereby certify that I attended the deceased from....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Asphyxiation
Due to as result of fire in dwelling causing lack of oxygen.
Due to.....

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

Major findings: Of operations.....

Of autopsy no 181-13
History + inspection

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)

(b) 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 James C. Walker (M. D. or other).....

Address 1424 Prof. Bldg. Date signed 1-13-46

1315 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

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

1856