

FILED MAR 2 1946
Registration District No. **47**

Primary Registration District No. **1002**

Registrar's No. **769**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wheatley Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
In this community **since 1900**
years, months or days (Specify whether)

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. **2801 Vine Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dauphin Watkins**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edward Watkins** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **September 20, 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 **4** **10** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella (Unknown)**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Watkins**
(b) Address **2801 Vine**

17. (a) **burial** (b) Date thereof **2/15/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cem. Watkins Bros.**

18. (a) Signature of funeral director **Watkins Bros.**
(b) Address **1729 Lydia**

19. (a) **2-14-46** (b) **S. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **8/11**
year **1946** hour **9** minute **10** AM.

21. I hereby certify that I attended the deceased from **2-1-**
1946 to **Feb 11**, 19**46**
that I last saw her alive on **2-11-** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia**
Chronic Terminal Nephritis?
Chronic Rheumatic Heart Disease?
Cardiac Decompensation
Other conditions (Include pregnancy within 3 months of death) _____

Duration

4 days

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 **W. D. Pittman** (M. D. or other) **M. D.**
Address **1618 Lydia** Date signed **2/14/46**

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

Dr. L. J. Johnson

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 *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.