

No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30514

State File No.

FILED OCT 14 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4154

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: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether years, months or days)

In this community 40 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ORLANDO PHILIP WATSON

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. REBECCA WATSON

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased APRIL 29 1983
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	3029	hr. min.

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

10. Usual occupation REAR TOR.

11. Industry or business OWN BUSINESS

MOTHER FATHER

12. Name WILLIAM HOUSTON WATSON

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

14. Maiden name SARAH M. MANUEH

15. Birthplace POLK COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. REBECCA WATSON

(b) Address 6035 BROOKSIDE BLVD

17. (a) BURIAL (b) Date thereof OCT. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. F. Newcomer

(b) Address 401 E. Wash Creek Blvd.

19. (a) 10-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 6035 BROOKSIDE BLVD 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 28th
year 1946 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from 9-21 1946 to 9-28 1946
that I last saw him alive on 9-28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Duration

5 min

Due to

Due to

Other conditions 1220
(Include pregnancy within 3 months of death)

Major findings: Of operations P. Pericardial fluid. Of autopsy Eng. Pericardium

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 L. P. Engel (M. D. or other)

Address Plaza Med Bldg Date signed 9-30-46

12:50-1
2008
12:50-1

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 Bernard L. Moran
Licensed Embalmer No. 4250
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.