

No. 2  
-12-45  
-17-39  
X47070

FILED JAN 23 1947

State File No. \_\_\_\_\_  
Registrar's No. 125

Registration District No. 149 Primary Registration District No. 1002

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:  
1618 1/2 East 18th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 Years (Specify whether years, months or days)

In this community \_\_\_\_\_

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. 815 East 24th St. Terrace  
(If rural, give location)

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

3. (a) PRINT FULL NAME Roy L. Watkins

3. (b) If veteran, name war World War I

3. (c) Social Security No. 486-01-0055

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6 year 1947 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Dep. City Coroner  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Quanita Watkins

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

7. Birth date of deceased July 19, 1892  
(Month) (Day) (Year)

Immediate cause of death: Asphyxia

Due to Fracture from gas stove

Due to Escaping gas

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>18</u>	hr. _____ min. _____

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy No - Permit

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Porter

178A-14

11. Industry or business \_\_\_\_\_

12. Name Peter Watkins

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

14. Maiden name Sarah Bruce

15. Birthplace Beauford, North Carolina  
(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 1-6-47

(c) Where did injury occur? K.C. Jail - 110  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home apt - 1618 1/2 E-18th St.  
(Specify type of place)

While at work? No (e) Means of injury Asphyxia

16. (a) Informant Georgia W. Brown

(b) Address 2301 North 9th St.

17. (a) Burial (b) Date thereof 1/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

23. Signature William (M. D. or other) \_\_\_\_\_  
Address 1634 - Brooklyn Date signed \_\_\_\_\_

18. (a) Signature of funeral director William

(b) Address 1729 Lydia Avenue

19. (a) 1-10-47 (b) Steraldine Holmer  
(Date received local registrar) (Registrar's signature)

1-10-473

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

2

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**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.....

*J. Jerome Maplow*

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.**