

FILED MAY 5 1947  
Registration District No. 199

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: MC SEVERAL HOSPITAL #10  
(If not in hospital or institution, write street number or location)

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

In this community 34 YEARS

3. (a) PRINT FULL NAME JULIA 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 WIDOWED

6. (b) Name of husband or wife MR. JOHN P. WATSON

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

7. Birth date of deceased JUNE 25 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>26</u>	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name MAXAMILLIAN VACHE

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

14. Maiden name LA MORET

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

16. (a) Informant Mrs. Agnes Howard

(b) Address 806 Missouri

17. (a) BURIAL (b) Date thereof APR 23 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 4-23-47 (b) Thalidine Holmes  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON #8

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

(d) Street No. 806 MONIQUE AVENUE # 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 21st  
year 1947 hour 8 minute 00P M.

21. I hereby certify that I attended the deceased from 2 1947, to 19 1947;  
that I last saw h. alive on 19 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration  
30 Burns of Body  
Due to Explosion of  
Gas Furnance

Other conditions (Include pregnancy within 3 months of death)

Major findings: 181-1  
Of operations 115

Of autopsy History & inspection

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) Accident

(b) Date of occurrence 4/21/47

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Burns

23. Signature A. E. Wisher (M. D. or other)  
Address 2810 main Date 4/21/47

**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..... *D. N. J. J. J.*

Licensed Embalmer No. *3988*

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.**