

No. 2  
-12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17666

FILED MAY 29 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2271

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:  
2415 Tracy 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Watkins

3. (b) If veteran, name war No

3. (c) Social Security No. 495-10-234

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 12, 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>7</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Laborer

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

MOTHER FATHER

12. Name Henry Watkins 9

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

14. Maiden name Unknown

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

16. (a) Informant Nora Watkins

(b) Address 4525 Walnut

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Walter Bras

(b) Address 1729 Lydia Ave.

19. (a) 5-23-47 (Date received local registrar)

(b) St. Pauline Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4525 Walnut  
(If rural, give location) 80

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st  
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from May 1-1947  
and that death occurred on the May 21 day of 1947

that I last saw him alive on May 20 1947

and that death occurred on the May 21 day of 1947

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: 830

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

Of autopsy \_\_\_\_\_

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 Walter Bras (M. D. or other)

Address Kansas City, Mo. Date May 23 47

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

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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 Menlove*

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.**