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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

State File No. **34727**  
Registrar's No. **4541**

FILED NOV 8 1947

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:  
**1104 Admiral /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) **13 Years** (Specify whether years, months or days)

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. **1104 Admiral** **8**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM ALFRED WATSON**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**  5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Tina Watson** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **March 16, 1874**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>73</b>	<b>7</b>	<b>11</b>	hr. min.

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

10. Usual occupation **Farmer**

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

MOTHER FATHER

12. Name **William Watson**

13. Birthplace **St. Charles County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Goodrich**

15. Birthplace **Troy, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Tina Watson**

(b) Address **Kansas City, Missouri**

17. (a) **Burial** (b) Date thereof **10/29/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alexander Cem. Troy, Mo.**

18. (a) Signature of funeral director **Roland R. Speaks**

(b) Address **Independence, Missouri**

19. (a) **10-29-47** (b) **Gertrudine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **27th**, year **1947** hour **2** minute **45** A.M.

21. I hereby certify that I attended the deceased from **1943** to **10-27**, 19**47**, that I last saw him alive on **10-20** and that death occurred on the date and hour stated above **(10 P.M.)** 19**47**.

Immediate cause of death **Myocardial infarction 2 Moos**  
**Cerebral Hemorrhage 5 yrs.**

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

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

Other conditions (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) (Specify means of injury)

23. Signature **[Signature]** (M. D. or other) **D.O.**  
Address **1101 E. Main St. Troy, Mo.** Date signed **10/29/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKING PERMANENT RECORD

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.....

*Stanley M. Seaton*....., Registered Apprentice No. **448**  
working under my personal supervision.

Signed..... *Roland R. Speaks*.....

Licensed Embalmer No. **3604**.....

P. O. Address **Independence, Missouri**

**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.**