

S. No. 2
T-1/47
5-17-39

16616

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1033 West Maple
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence LI 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1033 W. Maple 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANCES MARY WATSON

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th. year 1948 hour 1 minute 15 P. M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife William Watson

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

7. Birth date of deceased: September 3, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1944, to Apr 1948 that I last saw ex alive on 19 and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>22</u>	br. min.

Immediate cause of death: Coronary thrombosis

9. Birthplace: Surrey England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to: 57E

Due to: Abdominal tumor
(include whether within 3 months of death)

Other conditions: undetermined origin.

11. Industry or business

MOTHER FATHER

12. Name Thomas Hattey

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth ?

15. Birthplace England 7
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Dr. Ethel Watson

(b) Address Independence, Missouri

17. (a) Burial, cremation, or removal Burial (b) Date thereof 4/28/48
(Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

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

(b) Address Independence, Missouri

19. (a) 4-28-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?

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

While at work?

23. Signature [Signature] M.D. [Signature]

Address Independence Date signed 4-28-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Poland P. Spiker

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.