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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33149

Primary Registration District No. 1002

Registrar's No. 4051

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~~: TRINITY LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1-DAY (Specify whether
In this community 31 YEARS years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No. 817 OAK STREET · ALAMO HOTEL (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - - -

3. (a) PRINT FULL NAME MR. JAMES BRUCE WATSON

3. (b) If veteran, name war No

3. (c) Social Security No. 496-09-2471

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or~~ wife MRS. GLADYS V. WATSON

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased SEPTEMBER · 21 · 1903 (Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 17 ~~12~~ If less than one day hr. min.

9. Birthplace LA MONT (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation PAINTER.

11. Industry or business AIREON COMPANY

MOTHER FATHER

12. Name WILLIAM WATSON

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

14. Maiden name DOLLY V. CLARK

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

16. (a) Informant Gladys V. Watson
(b) Address 817 Oak St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-5-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEM

18. (a) Signature of funeral director D.H. Neiderman's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 2 ND year 1948 hour 4 minute 00 A.M.

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

Immediate cause of death Congestive Heart Failure — Duration

Due to Chronic Rheumatic Endocarditis, aortic + mitral.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 90 C

Of autopsy above

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? (Specify type of place)
While at work? Means of injury

23. Signature Jack H. Hill (M. D. or other) M.D.
Address Trinity Lutheran Hosp. Date Oct 48

(Licensed Embalmer's Statement on Reverse Side)

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 Doyle L. Daniel, Registered Apprentice No. 278, working under my personal supervision.

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.