

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5055

568

| | | | | | | | |
|---|--|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) c. LENGTH OF STAY (in this place) <u>14 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>At Home 4228 S. Benton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>4228 South Benton</u> <u>3618</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) <u>E.</u> c. (Last) <u>WATSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1950</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct. 29, 1863</u> | | 9. AGE (In years last birthday) <u>86</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Stubenville, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Rafter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Jennings</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dr. Thos. S. Watson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no. or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Rees, 4228 S. Benton, K.C., Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u> <u>4201</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</u> <u>6 months</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Vitamin Deficiency</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>1-3-</u> <u>1950</u> , to <u>2-5</u> , <u>1950</u> , that I last saw the deceased alive on <u>1-29-</u> <u>1950</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W.M. Ketchum</u> (Degree or title) | | | | 23b. ADDRESS <u>KC Mo</u> | | 23c. DATE SIGNED <u>2-6-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>2-6-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bevier, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>2-6-50</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, K.C., Mo.</u> | | | |

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

Dr. Ketchem

He said he would sign it Mon. Morning at the Hospital
and to have it at the desk there.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen E. Heck

Licensed Embalmer No. 4063

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.