

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13325  
1652

3008  
1

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

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>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas city mo</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city mo 3498</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3215 Campbell</u>				d. STREET ADDRESS (If rural, give location) <u>3215 Campbell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Belle</u>		b. (Middle) _____		c. (Last) <u>Watts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 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>1-9-1867</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Scottsville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J H Woodhul</u>		13b. MOTHER'S MAIDEN NAME <u>adelaide Lillard</u>		14. NAME OF HUSBAND OR WIFE <u>John Watts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.R. Newberry 3215 Campbell</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>Oct 4 1949</u> to <u>April 6 1950</u> that I last saw the deceased alive on <u>4-3-1950</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gertrude Stevens</u> (Degree or title)				23b. ADDRESS <u>502 1/2 E. Osage</u>		23c. DATE SIGNED <u>4-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas city Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-7-50</u>		REGISTRAR'S SIGNATURE <u>Gertrude Stevens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France Warnell Funeral Home</u>			

**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 *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address. *K. C. 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.