

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27811**
3212

FILED AUG 16 1954

BIRTH MO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>403 WEST 62ND TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4305 HARRISON STREET</u>		3. NAME OF DECEASED a. (First) <u>ALICE</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>WATKINS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5, 1954</u>		5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG. 21, 1900</u>		9. AGE (In years last birthday) <u>53</u> If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____	
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>DOMESTIC</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>WOODGROVE, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>William D. ENGLE</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVE M. LOWE</u>	
14. NAME OF HUSBAND OR WIFE <u>ROLAND M. WATKINS, SR.</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 AND ADDRESS <u>DR. ROLAND M. WATKINS, JR. 403 W. 62ND TERR. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lungs</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Cancer of right Breast</u> <u>1 yr</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</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>May 16, 1954</u> , to <u>July 5, 1954</u> , that I last saw the deceased alive on <u>July 5, 1954</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Karl M. Pearson</u> (Degree or title) _____		23b. ADDRESS <u>18th St K. CK</u>	
23c. DATE SIGNED <u>July 5 54</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JUNY 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. M. Newman's Sons - KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-9-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ronald A. Boyer*.....

Licensed Embalmer No. *489*

P. O. Address *K.C. 10,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.