

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044481

STATE FILE NUMBER
5489

FILED DEC 18 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 403
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2815 Park		Length of stay in lb 40yrs	d. STREET ADDRESS (If outside, give location) 2815 Park
3. NAME OF DECEASED (Type or print) First Middle Last ARNICHOLAS N. WATSON			4. DATE OF DEATH Month Day Year 11- 18 58
5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 12, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY real estate	11. BIRTHPLACE (City and state or country) Topeka, Kansas
13a. FATHER'S NAME C.W. North		13b. MOTHER'S MAIDEN NAME Maggie Green	14. NAME OF HUSBAND OR WIFE Stewart Watson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Mildred Watson Address 2815 Park
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Valvular Heart Disease DUE TO (b) DUE TO (c) Lateral Paralysis-Hypertensive heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4214	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept. 12 -1951 to Nov. 18-58 and last saw her alive on Nov. 18-58 Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. V. Miller (Degree or title)		22b. ADDRESS 40 TD 1211 Paseo K. C. Mo.	22c. DATE SIGNED 11-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-22-58	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Watkins Bros. Fu. Home ADDRESS 16th Benton		25. DATE RECD. BY LOCAL REG. 11-20-58	26. REGISTRAR'S SIGNATURE Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
L. V. Miller

70

44-1-1687

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 *James L. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Beute*

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.