

Registration District No. **149** Primary Registration District No. **1002**

**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:  
**3510 E 29th STREET**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **32 YEARS** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **JACKSON 48**  
 (c) City or town **KANSAS-CITY** 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3510 E 29th STREET** 8  
 (If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **REV. AUBR. CLAY WATKINS**  
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **none**  
 4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **BESSIE LOUISE WATKINS** 6. (c) Age of husband or wife if alive **48** years  
 7. Birth date of deceased **AUG-24-1885**  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Nov.** day **7th**  
 year **1945** hour **12** minute **58 A.** M.  
 21. I hereby certify that I attended the deceased from **Oct-10**  
 19 **45**, to **Nov-7**, 19 **45**  
 that I last saw him alive on **Nov-6-**, 19 **45**  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>60</b>	<b>2</b>	<b>13</b>	hr. _____ min. _____

Immediate cause of death **Chronic Endocarditis**  
 Due to **Rheumatic fever yrs ago.**  
 Due to \_\_\_\_\_

9. Birthplace **COLLEGE MOUND MISSOURI**  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_

10. Usual occupation **MINISTER.**  
 11. Industry or business **CHURCH OF GOD.**

Major findings: **92 d.**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

12. Name **JOHIE WATKINS**  
 13. Birthplace **Boone Co. Missouri**  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

14. Maiden name **MARION A. YOWLER**  
 15. Birthplace **Boone Co. Missouri**  
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **Bessie Louise Watkins**  
 (b) Address **3510 E. 29th**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **11-10-45**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Forest Hill**

(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?  
 \_\_\_\_\_

18. (a) Signature of funeral director **C. H. Newcomer's Sons**  
 (b) Address **1401 BRUSH CREEK BLVD.**

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **07MD**

19. (a) **11-7-45** (b) **Geraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

23. Signature **G. Remley** (M. D. or other) **07MD**  
 Address **632 Argyle Bldg.** Date signed **11/7/45**

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

MOTHER FATHER

*Original Body*

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed: *Edward W. Worthy*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**