

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1157

REC'D APR 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10133
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 291
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Virginia Maxine Watts
 (a) Residence, No. 207 West Valley St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Edgar Watts
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 10 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brookfield
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Louis Ross
 14. BIRTHPLACE (CITY OR TOWN) Purdin
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Leila T. Hunt
 16. BIRTHPLACE (CITY OR TOWN) St. Catherine
 (STATE OR COUNTRY) Missouri

17. INFORMANT Thomas Edgar Watts
 (ADDRESS) 207 W. Valley Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE Mar. 22nd 1939

19. FUNERAL DIRECTOR (NAME) Heaton - Blyskal - Ben
 (ADDRESS) 319 So. 10th. Str. Linnecoe Bldg.

20. FILED Mar 22 1939 W. D. Neel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1939 to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Injuries received when the car Date of onset

in which she was riding crashed into a stone wall near savannah Mo.
 Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3/19, 1939
 Where did injury occur? Andrew County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public place
 Manner of injury Auto crash
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. W. Tadlock Coroner, M. D.
 (Address) King Hill Bldg
St. Joseph, Mo.

AUG 24 1944

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 Mar 19, 1944

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed W. E. Immerglue

Licensed Embalmer No. 3007

P. O. Address 319 So 104 St

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, above space should be left blank.