

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

10152  
 Do not use this space.

REC'D APR 11 1939

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 310  
 (c) City St. Joseph (d) Street No. 1712 South 9th 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 yrs. mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

325 Infant Watson  
 (a) Residence, No. 1712 South 9th, St. Joseph St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) None Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
0 5 0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Mary Lucille Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horton Kansas

17. INFORMANT Sarah William Watson  
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE City Center DATE 3/24 39

19. FUNERAL DIRECTOR Walter Weiserhoffer  
 (ADDRESS) 1302 Faraon St. St. Joseph

20. FILED 3/24 1939 A. Heston  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1939

22. I HEREBY CERTIFY, That I viewed deceased from 3/24, 1939 to 3/24, 1939

I last saw h. alive on 3/24, 1939 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

premature Birth Date of onset  
5 mos Gestation  
 Other contributory causes of importance: None

Name of operation Herbain Date of 3/24  
 What test confirmed diagnosis Herbain Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO Date of injury 3/24 1939

Where did injury occur? St. Joseph, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Herbain  
 Nature of injury Herbain

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify B. W. Tadlock - Coronar M. D.

(Signed) Dr. H. H. Heston (Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.

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STATEMENT BY LICENSED EMBALMER

I, Body not Embalmed, Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. H. Kelly .....

Licensed Embalmer No. 3946

**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.)**