

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

42820
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 100!
 (c) City St. Joseph (d) Street No. 8th. Doniphan 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM F. WATSABAUGH

(a) Residence, No. 3201 Mitchell Ave. 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 Male 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 Dollie Watsabaugh
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28th. 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. Rock Island R.R.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16th. 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 19 39, 19...
 I last saw h. ##### 19... Death is said to have occurred on the date stated above, at 2:30pm.
 The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis Date of onset

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? Date of injury... 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signature) B.W. Tadlog Coroner M. D.
 (Address) King Hill Bldg

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albia Iowa

FATHER 13. NAME Geo. F. Watsabaugh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn

MOTHER 15. MAIDEN NAME Lucretia Hickman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Maryland

17. INFORMANT (ADDRESS) Mrs. Dollie Watsabaugh 3201 Mitchell Ave. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Dec. 19th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED Dec 18 39 XJ Local Registrar.

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.

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 C. H. Swan

Licensed Embalmer No. 4682

P. O. Address St. Joseph, Mo.

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.