

FILED MAR 14 1940

Registration District No. **167**

Primary Registration District No. **4098**

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

1. PLACE OF DEATH: **Chariton**
 (a) County **Chariton**
 (b) City or town **Brunswick**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **92-2-27** years, months or days

3. (a) PRINT FULL NAME **ELIZABETH ANN WATKINS**
 3. (c) Social Security No. _____
 3. (b) If veteran, name war _____

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **Widow**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov-9th 1847**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	2	27	hr. _____ min. _____

9. Birthplace **Brunswick MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Elias Turner**

13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary A. Kerrin**

15. Birthplace **Maryland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Beatrice Watson**

(b) Address **Brunswick MO**

17. (a) **Burial** (b) Date thereof **2-9-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick MO**

18. (a) Signature of funeral director **L. Whersal**

(b) Address **Brunswick MO**

19. (a) **Feb. 8 1940** (b) **Harry E. Tatum**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Chariton**
 (c) City or town **Brunswick**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **6**
 year **1940** hour **9** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Jan 25**, 1940, to **Feb 5**, 1940,
 that I last saw her alive on **Feb.**, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho-pneumonia**
 Due to **Influenza**
 Due to _____
 Other conditions: **11/11**
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **Harry E. Tatum** (M. D. or other) **1**
 Address **Brunswick MO** Date signed **2/7/40**

Duration
7 days
3 days
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-11-40

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 L. Weersil
Licensed Embalmer No. 822
P. O. Address Brunswick Me

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.