

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 80

Primary Registration District No. 5-1-20

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural - Belmont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. Easton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days 325

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 1 Easton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ✓ years.

3. (a) PRINT FULL NAME William Wallace Watkins

3. (b) If veteran, ✓ name war _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Myra 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased January 24 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Riley Watkins 9

13. Birthplace don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Lyssenda Pike

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thaebe Haubrich

(b) Address 5411 Miami St - St Joseph

17. (a) Rural (b) Date thereof 5/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheney

18. (a) Signature of funeral director H.A. Sullivan

(b) Address Sowers, Mo.

19. (a) May 29 - 1940 (b) Mrs. Lynn Powell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1940 hour 1 PM minute _____ M.

21. I hereby certify that I attended the deceased from May 27 1940 to May 28 1940
that I last saw him alive on May 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to IIW

Other conditions Weak heart
(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? 80

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

23. Signature Dr. Bingham (M. D. or other) _____

Address Easton Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11, -

District File Number 640-938

Date Filed JUN 14 1940

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 W. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Gower, 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.