S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 1 0 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18750

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 502 N. Byers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 1 DAY
years, months or days)

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

8. (a) PRINT FULL NAME GEORGE CLARENCE WATTERS 362

8. (b) If veteran, name war ----------
8. (c) Social Security No. 393-07-8001

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MABEL
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July 9, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	10	10	hr. min.

9. Birthplace MILWAKEE WIS: (City, town, or county) (State or foreign country)
10. Usual occupation REPRESENITIVE
11. Industry or business DUPONT POWDER CO:

FATHER
12. Name STEPHEN WATTERS
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GLADYS SEE
15. Birthplace WISCONSIN, (City, town, or county) (State or foreign country)

16. (a) Informant Frank Watters
(b) Address 220½ W. 4th St., Joplin, Mo.
17. (a) Removal (~~Burial, cremation,~~ or removal) (b) Date thereof May 19, 40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Washburn, Wisconsin
18. (a) Signature of funeral director HURLBUT UND. CO:
(b) Address JOPLIN MO:
19. (a) 5-20-40 (Date received local registrar) (b) Ed D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1940 hour 8 minute 10 P. M.
21. I hereby certify that I attended the deceased from May 18, 1940, to May 18, 1940; that I last saw him alive on May 18, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	sudden
Due to Hypertension	
Due to (?)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature J. A. Chenoweth (M. D. or other)
Address Joplin Mo Date signed 5/19/40

(Licensed Embalmer's Statement on Reverse Side)

40-6-133

OCT 9 1956

MAY 31 1945

FEB 27 1957

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. Glen D. Parker.

Licensed Embalmer No. 2548

P. O. Address Joplin 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.