S. No. 2
—11-10-39
7. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21483

Registration District No. 169 | Primary Registration District No. 4098 | Registrar's No. 19

1. PLACE OF DEATH:
(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: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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.

3. (a) PRINT FULL NAME: BEATRICE WATKINS 325
3. (b) If veteran, name war:
3. (c) Social Security No. 487-07-1048
4. Sex: Fenale
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October 20th. 1886 (Month) (Day) (Year)
8. AGE: Years 53 | Months 6 | Days 15 | If less than one day hr. min.
9. Birthplace: Brunswick, (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation: Saleslady
11. Industry or business: Ladies ready to wear
MOTHER FATHER
12. Name: Boyd Watkins
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Turner
15. Birthplace: Brunswick, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Wm. Borum
(b) Address: Brunswick, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Brunswick, Mo.
18. (a) Signature of funeral director: K H Heisel
(b) Address: Brunswick, Mo.
19. (a) June 10, 1940 (Date received local registrar) (b) Harry E Tatum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th. year 1940 hour 3 A. M. minute M.
21. I hereby certify that I attended the deceased from May 1 1940, to May 5 1940, that I last saw her alive on May 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 1 hr
Due to: Arterio-sclerosis.
Due to: 941D
Other conditions (Include pregnancy within 3 months of death): Bronchitis
Major findings: Harry E Tatum
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: Harry E Tatum (M. D. or coroner)
Address: Brunswick Mo Date signed: 5/10/40

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8.
District File Number
Date Filed 7-15-40

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 W Weisel

Licensed Embalmer No. 823

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.