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

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29531

Registration District No. 1115 Primary Registration District No. 6021 Registrar's No. 14

1. PLACE OF DEATH

(a) County St Francois
(b) City or town Knob Lick Mo
(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) 2
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 years 370

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo (b) County St Francois
(c) City or town Knob Lick Mo.
(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.

8. (a) PRINT FULL NAME Lydia May Renda Watts

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floyd Watts

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 9 (Day) 1910 (Year)

8. AGE: Years 30 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Ste Genevieve Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Home maker

11. Industry or business

MOTHER FATHER
12. Name Alonzo B. Meredith
13. Birthplace Marion Co. (City, town, or county) Ill (State or foreign country)
14. Maiden name Orrie Millinnon
15. Birthplace Marion Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant June Moore
(b) Address Fredericktown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads Mine Cemetery

18. (a) Signature of funeral director C.H. Corcoran
(b) Address Farmington Mo.

19. (a) 8-30-1940 (Date received local registrar) (b) G. A. Rudeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th year 1940 hour ~2 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Not known but suspected ruptured tumor in abdomen

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Aug 29 1940
(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 Joe Dienes (M. D. or other) Coroner
Address Bear Run Date signed 8-29-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

..... Me ....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.