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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32609

Registration District No. 581 Primary Registration District No. 4343 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe City (If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: 211 East Sommer St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether) In this community 9 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Monroe City (If outside city or town limits write "RURAL")

(d) Street No. 211 East Sommer St (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME JOHN COWELL WATSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife MOLLY

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

7. Birth date of deceased February (Month) 22 (Day) 1851 (Year)

8. AGE: Years 89 Months 6 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name John Watson

13. Birthplace Mont Knox (City, town, or county) Dk. (State or foreign country)

MOTHER

14. Maiden name Elizabeth Cowell

15. Birthplace Mont Knox (City, town, or county) Dk. (State or foreign country)

16. (a) Informant Mrs. Lilly Watson

(b) Address Monroe City Mo

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

(c) Place: burial or cremation Salem Cemetary Ralls Co Mo

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) Sept 11, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9 year 1940 hour 4 minute 9 A. M.

21. I hereby certify that I attended the deceased from Aug. 26, 1940, to Sept. 9, 1940 that I last saw him alive on Sept. 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to AJC

Due to

Other conditions Senile Debility (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

(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 Howard F. Ellis (M. D. or other) D.O.

Address Monroe City Date signed 9/10/40.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1843
Date Filed OCT 8 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 Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.