No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. Roseberry
State File No. 31552
Registrar's No. 758

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
963 S. Kimbrough
(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 Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 963 S. Kimbrough 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roy C. Watts
3. (b) If veteran, name war World War
3. (c) Social Security No. 491-03-5078
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leola B. Watts
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Sept. (Month) 8 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
49	0	11	hr. min.

9. Birthplace Van Buren (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Sec. Trees.
11. Industry or business Springfield Baseball Club
FATHER
12. Name Samuel Watt
13. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Ella Williams
15. Birthplace Unknown (City, town, or county) Alabama (State or foreign country)
16. (a) Informant Leola B. Watt
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation National
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 9-22-41 (Date received local registrar) (b) W.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1941 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from August 17, 1941, to Sept. 19, 1941; that I last saw him alive on Sept. 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 0
23. Signature L. C. Roseberry (M. D. or other)
Address 618 Woodruff Bldg. Date signed 10-7-41

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1941

OCT 13 1941

NOV 28 1941

NOV 8 1941

APR 7 1950

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.....

Licensed Embalmer No. 2457

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.