

FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35223

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: 214 1/2 main
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months (Specify whether
 In this community 5 months years, months or days)

3. (a) PRINT FULL NAME

G. Harvey Watson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife Christine

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased

aug 21 1896
 (Month) (Day) (Year)

8. AGE:

Years 65 Months 1 Days 19 If less than one day hr. min.

9. Birthplace

Ladonia Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation

Labor on Defense Work

11. Industry or business

MOTHER FATHER
 12. Name W. W. Watson
 13. Birthplace Georgia
 (City, town, or county) (State or foreign country)
 14. Maiden name Grace Lucas
 15. Birthplace Georgia
 (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs Grace Lucas Tex

(b) Address

1801 Buchanan Avenue

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof oct 6 - 1941
 (Month) (Day) (Year)

(c) Place: burial or cremation

Harrison Cem

18. (a) Signature of funeral director

Harriet Dalton

(b) Address

4th & Wall

19. (a) Date received local registrar

10-6-41 (b) J. D. James
 (Date received local registrar) (Registrar's signature)

512 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 214 1/2 main
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th
 year 1941 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw him alive on _____
 and that death occurred on the date and hour stated above.

Immediate cause of death alcoholic poisoning Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 2

Major findings: Of operations 172

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?

While at work? _____ (Specify type of place) _____ (or Means of injury) coronal

23. Signature R. A. Webster (M. D. or other) Coronal
 Address Carthage Mo Date signed Oct 1

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

41-11-926

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..... *Don Tetrick*
Licensed Embalmer No. *4008*
P. O. Address..... *Joplin, Mo*

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

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