

No. 2  
4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35890

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether)

In this community: 74 yrs. (years, months or days)

3. (a) PRINT FULL NAME Charles Cook Watkins

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Cora Watkins

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

7. Birth date of deceased: Feb. 29 th. 1864.  
(Month) (Day) (Year)

8. AGE:	Years <u>77</u>	Months <u>8</u>	Days	If less than one day hr. min.
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9. Birthplace Parksburg West Ver.  
(City, town, or county) (State or foreign country)

10. Usual occupation Minor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John E. Watkins

13. Birthplace Monongahela Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Warne

15. Birthplace Monongahela Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Watkins

(b) Address Richmond Mo.

17. (a) Sunny Slope (b) Date thereof 10-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Richmond Mo.

18. (a) Signature of funeral director J.B. Brothers

(b) Address Richmond Mo.

19. (a) Oct 20-41 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL.")

(d) Street No. 109 Henry Street  
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)

If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19  
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 10 1940 to Oct 19 1941  
that I last saw him alive on Oct 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy  
4 days

Due to arteriosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1/30

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? Mo.

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L.D. Green (M. D. or other) \_\_\_\_\_

Address Richmond Mo. Date signed Oct 20 1941

965 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-13-41

JAN 1 1942

**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.....

J.B. Brothers

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

working under my personal supervision.

Brothers Funeral Home

Signed.....

*J.B. Brothers*

Licensed Embalmer No. 2001

P. O. Address. Richmond 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, fact should be so stated above.**