S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6071

State File No.

FILED MAR 16 1942

Registration District No. 9429

Primary Registration District No. 3007

Registrar's No. 79

12
7
3

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

1. PLACE OF DEATH:

(a) County Butler County

(b) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff, Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 days (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Nooney 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wilma Pauline Watts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 24 (Day) 1916 (Year)

8. AGE:	Years	Months	Days	If less than one day
-	25	11	8	hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Thomas Byrd Watts
13. Birthplace Naylor (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Grace Edith Lillie
15. Birthplace Robinson (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Louise Watts (Sister)

(b) Address 812 Nooney, Poplar Bluff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Mortuary

(b) Address 412 Vine St. Poplar Bluff, Mo.

19. (a) 3-4-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 6, 1942 to March 4, 1942
that I last saw her alive on March 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Third Degree burns of both legs, buttocks & Perineum

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 2 months

181-1

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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) accident

(b) Date of occurrence Jan. 6, 1942 01 30

(c) Where did injury occur? Neely ville (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at residence
(Specify type of place)

While at work? (e) Means of injury

23. Signature Frank E. Jinnelle (M. D. or other) M.D.

Address Poplar Bluff Date signed 3/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342-394
Date Filed 3-13-42

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, xxxx .....

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

working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar Bluff,

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.