

FILED 220042

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Callaway

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

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

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 8 Years

3. (a) PRINT FULL NAME MARY JOSEPHINE WATSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec. 4 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 3 24 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Same

MOTHER FATHER { 12. Name Joseph Mackley

13. Birthplace Ste. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ikes

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

16. (a) Informant J. W. Watson

(b) Address 511 Nichols, Fulton, Mo.

17. (a) Burial (b) Date thereof 3/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Leo G. Wallace

(b) Address Fulton, Missouri.

19. (a) 3-30-42 (b) Josie Mankoff
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 511 Nichols
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1934, 19____, to March 28, 1942, that I last saw her alive on March 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Toxic Adenoma of Thyroid operated.

Due to _____

Other conditions 63a
(Include pregnancy within 3 months of death)

Major findings: Of operations Toxic Adenoma of Thyroid
Myocardial Infarction

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Am Paulina (M. D. or other) _____

Address Fulton Mo. Date signed 3-29-42

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, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.