

BUREAU OF THE CENSUS
FILED APR 20 1942

State File No. _____

Registration District No. 39a

Primary Registration District No. 5546 4731

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Pilot Knob Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two weeks
In this community Two weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Pilot Knob
(d) Street No. _____
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ridelle Watson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-18-7321

4. Sex 0 male race white 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased Sept. 19 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>9</u>	hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Minnie Maxon

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 3-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Pilot Knob Mo.

19. (a) 4-2-42 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1942 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from by inquest duties to _____, 19____
that I last saw him _____ alive on _____ # _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death (Juries verdict) Came to his death by his own hands, by using pocket knife

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence March 28, 1942
(c) Where did injury occur? Pilot Knob, Iron, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

White at work? NO (Specify type of place) Cut Jugular vein
(e) Means of injury _____

23. Signature W.A. Royfield (M. D. or other) _____
Address Ironton Mo. Date signed 4-1-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

47
0
0

RECEIVED

District Health Officer No. 4

District File Number 442-457

Date Filed 4-13-43

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 Charles J. White

Licensed Embalmer No. 3012

P. O. Address Trouton Ave

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, above space should be left blank.