

S. No. 2  
M-9-1  
v. 5-17  
9284

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11863

State File No. ....

FILED APR 20 1942

Primary Registration District No. CC 187  
TY 63

Registrar's No. 12

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

1. PLACE OF DEATH: St. Francois  
 (a) County St. Francois  
 (b) City or town River Mines  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mary Jane 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 married  
 6. (b) Name of husband or wife William C. Watts 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 27 1864  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 16 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Genevieve MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Care of home

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

MOTHER FATHER

12. Name Henry Curtis  
 13. Birthplace St. Genevieve MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jurek  
 15. Birthplace St. Genevieve MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Watts  
 (b) Address Warrenton MO.

17. (a) Burial (b) Date thereof 3-15-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View

18. (a) Signature of funeral director C. J. Boyer  
 (b) Address Desloge MO.

19. (a) 3-14-42 (b) Sydney S. Bukhmeister  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County 94  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL") 8  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
 year 1942 hour 10 minute \_\_\_\_\_ A. M.  
 21. I hereby certify that I attended the deceased from Feb 20  
1942 to March 13 1942  
 that I last saw her alive on March 13 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death, Cerebral hemorrhage 2 days  
83a!  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions hypertension  
 (Include pregnancy within 7 months of death)

Major findings: alkalosis  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2  
 23. Signature J. W. Zussman (M. D. or other) DO  
 Address Flask River MO Date signed 3/14/42

1196

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. 4  
District File Number 442-413  
Date Filed 4-9-42

**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 C. J. Boyer  
Licensed Embalmer No. 16717  
P. O. Address Des Moines

**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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11862

Registration District No. 774

Primary Registration District No. 60185a

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois

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

(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.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

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

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary J. Watts

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1949 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....  
....., 19.....; that I have a lawfully live on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Feb 27 - 1878  
(Month) (Day) (Year)

Duration 2 days

Other conditions Perthial Remarriage

8. AGE: Years 76 Months - Days - If less than one day..... min.

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

Due to.....

Due to.....

Other conditions Hypertension  
(Include pregnancy within 6 months of death) old age

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN 83a!  
Underline the cause to which death should be charged statistically.

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 3-14-1942 (b) Byrdie Buhmester  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place) (e) Means of injury.....

While at work?.....

23. Signature..... (M. D. or other).....  
Address..... Date signed 30

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

SUPPLEMENTARY

11863