

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 469

Primary Registration District No. 5093

Registrar's No. 15734

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(c) Name of hospital or institution Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 699 days
In this community 699 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone
(c) City or Town Cleary
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Madeline Watkins

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

4. Sex Female 5. Color of 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 Jan 24 1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business.

MOTHER FATHER

12. Name Harrison Watkins

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

14. Maiden name Margie Ellis

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

16. (a) Informant Dr. Michael Reid Clark

(b) Address Mo State Sanatorium

17. (a) Burial (b) Date thereof 6-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo

18. (a) Signature of funeral director J.W. Maples

(b) Address Cleary Mo

19. (a) 6-12-42 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 11th
year 1942 hour 6:10 minute 2 M.

21. I hereby certify that I attended the deceased from July 12
1940 to June 11 1942
that I last saw her alive on 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Polysarthritis Duration 2 yrs

Due to
Due to 226

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Acute Polysarthritis
Of autopsy

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 1

23. Signature James L. Brock (M. D. or other) 6/11/42
Address Mt. Vernon Mo Date signed 6/11/42

1188

RECEIVED

District Health Officer No. 6,

District File Number 742-988

Date Filed JUL 15 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. H. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.