

FILED AUG 7 1942

State File No. 23977
Registrar's No. 228

Registration District No. 189

Primary Registration District No. 51315/29

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Beaver Dam Twp.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Butler
(c) City or town Harvill, MO
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Woodrow Watson Jr.
3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20
year 1942 hour 5 minute 40 P.M.

4. Sex Male 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 July 15, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from — 19— to — 19—;
that I last saw him alive on — 19—;
and that death occurred on the date and hour stated above.

8. AGE: Years — Months — Days 5 If less than one day — hr. — min.

Immediate cause of death Dehydration
Due to Enterocolitis
Due to —
Other conditions (Include pregnancy within 3 months of death) 1190
Major findings: Of operations —
Of autopsy —

9. Birthplace Butler Co., Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation child

11. Industry or business —
12. Name Woodrow Watson
13. Birthplace Butler Co., Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Delores Harp
15. Birthplace Butler Co., Mo. (City, town, or county) (State or foreign country) 0

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

16. (a) Informant Woodrow Watson
(b) Address R.F.D. Butler Co., Mo
17. (a) Harvill (b) Date thereof 7/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Hill Cem.
18. (a) Signature of funeral director Krantz and Co
(b) Address Poplar Bluff, Mo
19. (a) 7-20-42 (b) Belle Turner
(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?
While at work — (Specify type of place) (e) Means of injury —
23. Signature B. H. Weaver (M. D. or other) 0
Address Poplar Bluff, Mo Date signed 7-21-42

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

12000

4-41
17-39
X29484

RECEIVED

District Health Office No. 2,

District File Number 842-956

Date Filed 8-4-42

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.

Not Embalmed

Signed

George W. Green

Licensed Embalmer No.

P. O. Address

*2964
Poplar Bluff 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.