

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25066

FILED AUG 14 1942

State File No. _____

Registration District No. 202 288

Primary Registration District No. 4408 5981

Registrar's No. 7

84
0
0

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Dunnegan - rural - Madison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 29 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Dunnegan - rural - Madison
(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 Elsie May Watkins

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex female / race white / 5. Color or race _____

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

6. (b) Name of husband or wife Walter Watkins

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 6 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>9</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Hammons

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

14. Maiden name Angeline Phillips

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

16. (a) Informant Walter Watkins

(b) Address Dunnegan - Route II

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Brush Brook cemetery

18. (a) Signature of funeral director Oby Jester

(b) Address Balmers Bros

19. (a) Aug 10 / 42 (b) Lucille Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 6 1942 to July 9 1942; that I last saw her alive in July 8 1942 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia (Bilateral) Duration 2 days

Due to Cardio vascular Hypertension 1 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) # 832

Major findings: Of operations None Of autopsy None

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) NO

(b) Date of occurrence II

(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? II (Specify type of place) _____ (Specify type of place) _____ (Specify type of place)

23. Signature Chris H. Hoover (M. D. or other) _____
Address Fair Play Mo Date signed _____

1171

Dr Brown

RECEIVED

District Health Officer No. 7,

District File Number 8-42-920

Date Filed 8-13-42

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.....

O. J. Jester

.....
Licensed Embalmer No. 4154

P. O. Address Bolivar 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.