

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30457

State File No. ....

Registrar's No. 11

FILED OCT 9 1942

Registration District No. 140

Primary Registration District No. 4229

45  
3  
0

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

1. PLACE OF DEATH: HOWARD.

(a) County HOWARD.

(b) City or town NEW FRANKLIN MO.  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 62 yrs.  
years, months or days

3. (a) PRINT FULL NAME SARAH ELIZABETH WATKINS

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 2 WIDOWED

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

7. Birth date of deceased DEC. 9 - 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace NEW FRANKLIN MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

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

12. Name Geo. W. DRAKE

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

14. Maiden name SUSAN CRENS

15. Birthplace NOT KNOWN SE.  
(City, town, or county) (State or foreign country)

16. (a) Informant Deputy Warden

(b) Address 605-60th St., Kansas City, Mo.

17. (a) BURIAL (b) Date thereof SEPT 5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT PLEASANT.

18. (a) Signature of funeral director C. S. Neuman

(b) Address 72nd Franklin Mo.

19. (a) Sept 7th 1942 (b) Sign Thomas DeMay  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWARD.

(c) City or town NEW FRANKLIN  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 4<sup>th</sup>  
year 1942 hour 2 minute 20 p. M.

21. I hereby certify that I attended the deceased from MAR 5, 1942 to SEPT 2, 1942  
that I last saw her alive on SEPT 2, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 3 days.

Due to myocarditis unknown

Due to apoplexy cerebral Mar 5 1942  
(Thrombosis)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

PHYSICIAN 107

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 \_\_\_\_\_

23. Signature G. A. Chamberlain (M. D. or other) \_\_\_\_\_

Address New Franklin Mo. Date signed Sept 5-42

1224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-8-42

**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 L. S. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.