

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 12 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34051

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 447

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2428 Murphy /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2428 Murphy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME OTTO WADE WATKINS

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

4. Sex M (f) Color or race W 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug 30 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Retired

12. Name Henry Watkins

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

14. Maiden name Unknown

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

16. (a) Informant Ruth Watkins

(b) Address 2428 Murphy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oshorn Memorial

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin

19. (a) 10-22-42 (b) Gertie Suedhoeft (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1942 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10-21-42 to 10-21-42, 1942, that I last saw him alive on 10-21-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) f 30

Major findings: Of operations 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?

(Specify type of place) While at work? (e) Means of injury

23. Signature P. Mahoney (M. D. or other) Address P.O. Box 7714 Joplin Mo Date signed 10/22/42

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DEC 17 1942

DEC 11 1942

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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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.