

Registration District No. 5-1942

Primary Registration District No. 1000

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution Jackson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 year + (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 519 Jackson (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME D. W. Watkins  
DAVE C. WATKINS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11  
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from on  
Jan 16 1943 to 19;  
that I last saw him alive on 19;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race negro

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

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased no. Fort about 1883  
(Month) (Day) (Year)

Immediate cause of death Chronic Myo Carditis Duration 1 year

Due to General Arteriosclerosis 2 yrs

Due to Man died in a nursing home at 519 Jackson St

Other condition fatal illness of 1 year. Shortness of breath and general debility

Major findings: breath and general debility

Of autopsy no

PHYSICIAN 938

Underline the cause to which death should be charged statistically.

8. AGE: Years About 70 Months 2 Days 15 If less than one day hr. min.

9. Birthplace no. Forts (City, town, or county) (State or foreign country)

10. Usual occupation Class letter

11. Industry or business no

12. Name Watkins

13. Birthplace no. Forts (City, town, or county) (State or foreign country)

14. Maiden name no. Forts

15. Birthplace no. Forts (City, town, or county) (State or foreign country)

16. (a) Informant Nursing Home

(b) Address 519 Jackson

17. (a) Buried (b) Date thereof Jan 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city cem

18. (a) Signature of funeral director Watkins

(b) Address 1602

19. (a) 1-12-43 (b) Rae Herzig  
(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) no

(b) Date of occurrence no

(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) Manner of injury no

23. Signature H. W. Mundy (M. D. or other) Coroner

Address 1602 Date signed 1/14/43

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

**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.....

*J. F. Ramsey*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. F. Ramsey*

Licensed Embalmer No. *4081*

P. O. Address *St Joseph M*

**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.**