

S. No. 2
M-5-42
1-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

78
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6477

FILED FEB 15 1943
Registration District No. 137

Primary Registration District No. 3023

State File No. _____
Registrar's No. 29

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wm Edgar Watson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Grace W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Susan E
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 5 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Ezekiah Watson

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

14. Maiden name Mary Hudson (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Gert Gentry (b) Address Clinton Mo

17. (a) Burial, cremation, or removal (b) Date thereof 1-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) Jan. 30, 1943 (b) Georgia Kitchen (Date received local registrar) (registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")
(d) Street No. 412 1/2 Elm (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 12 1939 to Jan 28 1943 that I last saw him alive on Jan 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Endarteritis
Due to Arteriosclerosis
Duration _____

Other conditions (Include pregnancy within 3 months of death) 99:2

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: None
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 Ed. C. Peisor (M. D. or other) Address Clinton Mo Date signed 1/29/43

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

MOTHER FATHER

FEB 19 1943

RECEIVED

District Health Officer No. 71

District File Number

1-43-135

Date

2-9-43

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.....

J. E. Consoletti

Licensed Embalmer No. 1891

P. O. Address.....

Antonia

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.