

FILED MAR 16 1942

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Arkville

(c) Name of hospital or institution: Stickler Hospital

(d) Length of stay: In hospital or institution _____

In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Arkville

(d) Street No. 424 W. Michigan St

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARAH WATSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife A. G. Watson

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Aug 15 1863

8. AGE: Years 79 Months 5 Days 21

If less than one day hr. _____ min. _____

9. Birthplace Ogle County Illinois

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nicholas Miller

13. Birthplace Germany

14. Maiden name Elizabeth Jacobs

15. Birthplace Germany

16. (a) Informant A. G. Watson

(b) Address Arkville Mo

17. (a) Burial (b) Date thereof Feb 9/43

(c) Place: burial or cremation Grashear Cemetery

18. (a) Signature of funeral director J. R. Easley

(b) Address Grashear Mo

19. (a) 2/11/43 (b) Mrs. J. P. Wagers

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 6th year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7:30 6th 1943 to Feb. 6, 1943 that I last saw her alive on Feb. 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) JPN

Major findings: Of operations _____

Of autopsy _____

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? _____

(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 R. O. Stickler (M. D. or other) MD

Address Arkville Mo Date signed 2-9-43

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-43-573

Date Filed MAR 12 1949

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 Geo B Casley Jr
Licensed Embalmer No. 3755
P. O. Address Hurdland 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.