

FILED APR 7 1943

Registration District No. 1943

Primary Registration District No. 3002

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Audrain Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. #2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hiram W. Watts

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Ida Mae Watts 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 28, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 -- 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Joe Watts  
13. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Chaney  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Watts

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Lockridge Cemetery

18. (a) Signature of funeral director Wm Arnold

(b) Address Mexico, Missouri

19. (a) 3/24/43 (Date received local Registrar) (b) Margaret H. Machu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1943 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 12, 1943, to March 23, 1943;  
that I last saw him alive on March 23, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arterial sclerosis  
(Include pregnancy within 3 months of death)  
myocarditis

Major findings: Of operations No operation

Of autopsy \_\_\_\_\_

Duration

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) No  
(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? \_\_\_\_\_

23. Signature J. P. Vanier (M. D. or other)

Address 1162 Monroe Mexico Mo signed 3-24-43

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

RECEIVED

District Health Officer No. 10

District File Number 4-43-628

Date Filed MAR 15 1943

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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 *Wm Arnold*

Licensed Embalmer No. 3569

P. O. Address *Truxton, Md*

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.