

APR 8 1943

Registration District No. 354

Primary Registration District No. 6198

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town Rural CASS SWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2.5 yrs.
years, months or days

3. (a) PRINT FULL NAME William Henry Watts

3. (b) If veteran, name war _____ 3. (c) Social Security No. old age pension

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

6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug 12 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Geo. Washington Watts

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Ollie Dickinson

(b) Address Buffalo Okla

17. (a) Burial (b) Date thereof March 6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery Salome

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool Mo

19. (a) March 5-1943 (b) Mrs. Lon Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cass Swp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 15, 1943, to March 5, 1943
that I last saw him alive on March 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 3 yr

Due to _____

Due to _____

Other conditions 4/6
(Include pregnancy within 3 months of death)

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? _____ (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 J. M. Edus (M. D. or other) _____

Address Cabool Mo Date signed Mar 5 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
0
0

1239

RECEIVED

District Health Officer No. 5,

District File Number

443205-

Date Filed

4-6-43

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*.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.