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M-11-10-39  
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I X21492

15745

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 10 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4523

Registrar's No. 6

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

**1. PLACE OF DEATH:**

(a) County Vernon

(b) City or town SHELL CITY MO  
(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: About 70 yrs. (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon

(c) City or town SHELL CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 77 1/2 years.

**3. (a) PRINT FULL NAME** JOHN FRANKLIN WATTS

**3. (b) If veteran,** name war ✓

**3. (c) Social Security No.** ✓

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 7  
year 1943 hour 5 minute 45 p. M.

**21. I hereby certify that I attended the deceased from** April  
12, 1942, to April 7, 1943,  
that I last saw him alive on April 7, 1943  
and that death occurred on the date and hour stated above.

**4. Sex** Male **5. Color or race** White

**6. (a) Single, widowed, married,** 2 divorced, Widowed

**6. (b) Name of husband or wife** Rose Watts

**6. (c) Age of husband or wife if** alive \_\_\_\_\_ years

**7. Birth date of deceased** Jan 19, 1866  
(Month) (Day) (Year)

**Immediate cause of death** Mitral Regurgitation **Duration** 1 yr

**Due to** Chronic Nephritis 18 mos

**8. AGE:** Years 77 Months 2 Days 18 **If less than one day** \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**Other conditions** \_\_\_\_\_  
(include pregnancy within 3 months of death)

**10. Usual occupation** Mechanic

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

**MOTHER FATHER**

**12. Name** William Watts

**13. Birthplace** Logansport Ind  
(City, town, or county) (State or foreign country)

**14. Maiden name** Hannah Simmerman

**15. Birthplace** Daton Ohio  
(City, town, or county) (State or foreign country)

**Major findings:** 131 1/2

**Of operations** \_\_\_\_\_

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

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Harry Watts

**(b) Address** \_\_\_\_\_

**17. (a) Burial, cremation, or removal** Green Lawn Cemetery **(b) Date thereof** April 9, 1943  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Green Lawn Cemetery

**18. (a) Signature of funeral director** Leta Lewis & Son

**(b) Address** SHELL CITY MO

**19. (a) 4-9-43** **(b) E. E. Steuber**  
(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) **(c) Means of injury** \_\_\_\_\_

**23. Signature** J. H. Gray (M. D. or other)

**Address** SHELL CITY MO **Date signed** 4/8/43

1252

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

4-43-21 4

5-7-43

**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

*Marion M. Lewis*

Licensed Embalmer No.

3084

P. O. Address

*Schell City, 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, above space should be left blank.