

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1943

Registration District No. 98

Primary Registration District No. 4164

Registrar's No. 63

1. PLACE OF DEATH: Daviess

(a) County Daviess

(b) City or town Altamont
(If outside city or town limits, write "RURAL" and name of township)

(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 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 31

(a) State Mo (b) County Daviess 0

(c) City or town Altamont 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Napoleon Wathen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 1 minute 20 P.M.

3. (b) If veteran, name war X

3. (c) Social Security No. X

21. I hereby certify that I attended the deceased from _____, 1942, to May 24, 1943
that I last saw him alive on May 23rd, 1943
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Fannie Wathen

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct 31 1866
(Month) (Day) (Year)

Immediate cause of death chronic myocarditis

8. AGE: Years 76 Months 6 Days 24 If less than one day _____ hr. _____ min.

Due to hypertension and chronic asthma

Duration several years

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

Due to _____

10. Usual occupation Labor

Other conditions (Include pregnancy within 3 months of death) 93d

11. Industry or business _____

PHYSICIAN _____

12. Name Benjamin Wathen

13. Birthplace Not known Ky
(City, town, or county) (State or foreign country)

14. Maiden name Julia Hughes

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Wathen

(b) Address Altamont Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 5 27 43
(Month) (Day) (Year)

(c) Place: burial or cremation Altamont

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg Mo

19. (a) 5-25-1943 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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)

(c) Means of injury 0

23. Signature Fred Rudson (M. D. or other) M.D.

Address Winstar Mo Date signed 5/27/43

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

MOTHER FATHER

100

JUN 17 194

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 *G. S. Gramer*

Licensed Embalmer No. 2857

P. O. Address. Pattonsburg, 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.