

State File No. _____

FILED JUL 12 1943

Registration District No. 75

Primary Registration District No. 5301

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural Shoal Twp
(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
(Specify whether years, months or days) XXXXXXX

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Rural Clinton Co., Shoal Twp.
(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 XXX

3. (a) PRINT FULL NAME Katherine Watson

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife C. E. Watson, dead
6. (c) Age of husband or wife if alive xxx years 27th. 1873
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 29 hr. min.

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

10. Usual occupation Housework

11. Industry or business in Home

12. Name S. H. Watkins
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Harne
15. Birthplace Unknown. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. W. Weaver
(b) Address Cameron, MO

17. (a) Burial (b) Date thereof June 29/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cem. Cameron, MO.

18. (a) Signature of funeral director Old Moore
(b) Address Cameron, Mo.

19. (a) 6-29-1943. Mrs. Kathleen Harris.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June - day 26
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Some time in 1935, to June 25, 1943
that I last saw her alive on June 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Dilatation of heart
Hypertrophy of heart
Mitral Insufficiency
Bright's Disease
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131 P
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) Means of injury _____
23. Signature Maudie R. Maxwell, D.C.
Cameron, MO. Date signed 6/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 _____

O. Moore

Licensed Embalmer No. _____

P. O. Address _____

*1180
Camden 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.