

FILED OCT 7 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 6290

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Benton Twp
(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 1
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

(c) City or town Rural (If outside city or town limits, write "RURAL") 030

(d) Street No. Alford, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Josephine Watson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23
year 1943 hour 11 minute 7 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Joseph Watson

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

7. Birth date of deceased: Sept 27 1873
(Month) (Day) (Year)

Immediate cause of death: Stroke

Due to Cerebral Hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 69 Months 10 Days 27 If less than one day _____ hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Home Keeper

11. Industry or business _____

12. Name Joseph Congle

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

14. Maiden name Sylerama Coffelt

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

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 L. B. Jones (M. D. or other) _____
Address Buffalo 3 Mo Date signed 10/23/43

16. (a) Informant Jamy M. Watson

(b) Address Alford Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 8-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation Union Home

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) Sept 29 1943 (Date received local registrar) Mr. A. L. Hoover (Registrar's signature)

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

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1124

RECEIVED

District Health Officer No. 7,
District File Number 9-43-975
Date Filed 10-5-43

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 Blyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo Ind

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.