S. No. 2
M—2-43
5-17-39
FILED OCT 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31805

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 242

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

8
4
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1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 701 N. Union St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Watkins

3. (b) If veteran, name war ------ 3. (c) Social Security No. --------

4. Sex Male 0 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. J. Watkins 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 25, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 26 If less than one day hr. min.

9. Birthplace North Bend Nebr. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Matthew Stubbert
13. Birthplace Nova Scotia 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Watkins
(b) Address 701 N. Union Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/43
(Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri.

19. (a) 9-23-43 (Date received local registrar) (b) James W. Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21, 1943
year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1941 5 19 to Sept 21 1943
that I last saw her alive on Sept 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the liver — Duration 1 yr

Due to Secondary to cancer of the sigmoid colon 2 yrs

Due to

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] Green 0 (M. D. or other)
Address Date signed 9-22-43

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Roland L. Peake

Licensed Embalmer No. 3604

P. O. Address Indep. 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.