

FILED OCT 22 1943

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

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 127

1. PLACE OF DEATH  
 (a) County Jackson  
 (b) City or town Greenwood Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home Greenwood  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days 15 yrs

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Greenwood Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Greenwood  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clyde E. Watkins  
 3. (b) If veteran, NO name war \_\_\_\_\_  
 3. (c) Social Security No. 437-03-5564

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 17  
 year 1943 hour 6 minute P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary E. Watkins  
 6. (c) Age of husband or wife if alive 39 years  
 7. Birth date of deceased Mar. 16 1889  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on 9-12-43  
 that I last saw him alive on 9-12-43  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>6</u>	<u>1</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage  
chronic Nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration  
2 yrs  
3 mos.

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

Other conditions (Include pregnancy within 3 months of death) 121 f

10. Usual occupation Farming

Major findings: Of operations \_\_\_\_\_

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

12. Name Edgar Watkins

13. Birthplace Richmond Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Lillie Ann. Todd

15. Birthplace Unknown Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde E. Watkins

(b) Address Greenwood Mo.

17. (a) Removal (b) Date thereof Sept. 17, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Shuman

(b) Address Richmond Mo.

19. (a) Sept. 22, 1943 (b) G. M. Schuch  
 (Date received local registrar) (Registrar's Signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature Phil's J. J. J. (M. D. or other) \_\_\_\_\_  
 Address 3 E. 2nd St. St. Louis Date signed 9/24/43

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

48  
0  
0

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