

FILED NOV 12 1943/6

Registration District No. \_\_\_\_\_

Primary Registration District No. **5693**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Livingston**  
(b) City or town **R. F. D. Dawn - Missouri**  
(c) Name of hospital or institution:  
**2 miles southeast - Dawn, Missouri.**  
(d) Length of stay: In hospital or institution **1** (Specify whether  
**60 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **Livingston**  
(c) City or town **R. F. D. Dawn, Missouri.**  
(d) Street No. **2 miles SE Dawn, Missouri.**  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Charolette Watkins**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **John E. Watkins** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 9th. 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83 5 4** hr. min.

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

10. Usual occupation **Housewife**

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

12. Name **Watkins Jones**  
13. Birthplace **Wales**  
14. Maiden name **Charolette Griffiths**  
15. Birthplace **Wales**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Margarett Romick**

(b) Address **Dawn, Missouri.**

17. (a) **Burial** (b) Date thereof **10-15-'43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wales Cemetery**

18. (a) Signature of funeral director **F.B. Norman Co.**

(b) Address **Chillicothe, Missouri.**

19. (a) **10-15-'43** (b) **Mary E. Griffiths**  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13th.**  
year **1943** hour **1:00** minute **A: M.**

21. I hereby certify that I attended the deceased from **September 3rd**, 19**43** to **October 12**, 19**43**  
that I last saw her alive on **October 12**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regurgitation**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **92 lb**

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

23. Signature **M. E. Griffiths** (M. D. or other) **MD**

Address **Ludlow, Mo.** Date signed **10/14/43**

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

59  
00

MOTHER FATHER

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**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.....

..... E. R. Norman ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. R. Norman .....

Licensed Embalmer No. 2374 .....

P. O. Address Chillicothe, 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.**