

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 1505

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sister Hosp
(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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(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 _____

3. (a) PRINT FULL NAME SUSIE WATKINS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 27th
 year 1943 hour 8 minute 30 A.M.
 21. I hereby certify that I examined the deceased from Dec 28th 1943
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Negro
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Acute Tetanus Duration 2 days

8. AGE: Years about 60 Months 3 Days 30
 If less than one day _____ hr. _____ min.

Due to Gangrenous Condition of toes of both feet 2 Weeks
 Due to Frozen toes on both feet 2 weeks

9. Birthplace Unknown (City, town, or county) _____ (State or foreign country) 9

Other conditions Defective mentality 10 yrs
(Include pregnancy within 6 months of death)

10. Usual occupation Domestic

Major findings: Woman died at a local hospital with a positive diagnosis being made Of autopsy NO. Underline the cause to which death should be charged statistically.

11. Industry or business None

12. Name unknown

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country) 7

15. Birthplace _____ (City, town, or county) _____ (State or foreign country) 7

16. (a) Informant Hospital Record

(b) Address 10 S. Howell

17. (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1602 Messana

19. (a) 12-28-43 (b) Rae Heizer
(Date received local registrar) (Registrar's signature)

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 H. F. Mandy (M. D. or other) Coroner
 Address 404 So 3d St Date signed 12/28/43

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

MOTHER FATHER

1283

(Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.