

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6647**
Registrar's No. **170**

FILED MAR 15 1944

Registration District No. **22**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
616 1/2 South 8th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **Most of his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **616 1/2 South 8th Street**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Milford Watson**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or Race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **December 3, 1864**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	13	hr. _____ min.

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

10. Usual occupation **Baker**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown Watson**

13. Birthplace **Carthage Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Green**

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

16. (a) Informant **Mrs. C. A. Blankenship**
(b) Address **616 1/2 So. 8th Street**

17. (a) Burial (b) Date thereof **Febr. 18, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Mrs. E. R. Sidenfaden**
(b) Address **602 So. 10th Street**

19. (a) 2-17-44 (b) **Rose Herzog**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **16th**
year **1944** hour **6** minute **45** P. M.

21. I hereby certify that I attended the deceased from
Dec. 6, 1940 to Feb. 16, 1944
and that I last saw him alive on **Feb. 6, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Mitral Insufficiency**

Do not know duration

Due to _____

Due to _____

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

Major findings: **928**

Of operations _____

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? _____

While at _____? (Specify type of place)

(e) Means of injury _____

23. Signature **Leontyev** (M. D. or other) _____

Address **1095 West 40th Ave.** Date signed **3/13/44**

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

1233

(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 *Mollie E. Lindenbalden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St Joseph, 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.