

FILED APR 12 1944

Registration District No. 79

Primary Registration District No. 4172

Registrar's No. 191

1. PLACE OF DEATH:

(a) County DeKalb

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

(c) Name of hospital or institution: /
(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 DeKalb

(c) City or town STEWARTSVILLE
(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 Betty Jean Watkins

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month MARCH day 13
year 1944 hour 4 minute 00 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

21. I hereby certify that I attended the deceased from VIEWED THE BODY
that I had seen alive on.....
and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
SUFFOCATION - BED CLOTHES

7. Birth date of deceased. Dec 28 1943
(Month) (Day) (Year)

Due to.....
Due to.....

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>15</u>	br. min.

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

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

Major findings:
Of operations.....

Of autopsy NONE

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

10. Usual occupation.....

11. Industry or business.....

12. Name Chas Edwin Watkins

13. Birthplace Davies County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Irene Parton

15. Birthplace DeKalb County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Watkins

(b) Address Stewartsville Mo.

17. (a) Burial (b) Date thereof Mar 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville MO.

18. (a) Signature of funeral director J. G. Ryan
(b) Address Stewartsville Mo

19. (a) Mar 15 1944 (b) [Signature]
(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) ACCIDENT 132

(b) Date of occurrence MARCH 13, 1944

(c) Where did injury occur? STEWARTSVILLE DEKALB MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOME, SUFFOCATION, BED, BED CLOTHES
While at work? — (Specify type of place) (e) Means of injury SUFFOCATION

23. Signature Putnam E. Rockford (M.D. or other) Do
Address Union Star, Mo Date signed 3/13/44

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

3200

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.....

F. G. Lyon

.....
Licensed Embalmer No. 952

P. O. Address Stewartsville 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.