

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11043
Registrar's No. 259

Registration District No. 128 Primary Registration District No. 5466

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, 5d Campbell Twp.
(c) Name of hospital or institution: Medical Center for Federal Prisoners 2
(d) Length of stay: In hospital or institution 45 days
In this community 45 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street No. 7920 S.W. 45
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALBERT WATSON
(b) If veteran, name war unk. (c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19
year 1944 hour 2 minute 40 A.M.
21. I hereby certify that I attended the deceased from February 2, 1944 to March 19, 1944.
that I last saw him alive on March 19, 1944.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Grieve Wheless
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased: December 5, 1879

Immediate cause of death: Heart Failure
Due to: Arteriosclerotic heart disease
Other conditions: Asthma and syphilis
Duration: Sudden

8. AGE: Years 64 Months 3 Days 14
9. Birthplace: Ennis Texas

Major findings: 309
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

10. Usual occupation unk.
11. Industry or business _____
12. Name Fred Wheless
13. Birthplace Yazoo Mississippi
14. Maiden name Earnestine Davis
15. Birthplace unk. Louisiana

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature E. W. Marshall (M. D. or other)
Address Med. Centr. for Fed. Pris. Date signed 3-20-44

16. (a) Informant File
(b) Address M.C.F.P.
17. (a) Removal (b) Date thereof March 20, 1944
(c) Place: burial or cremation San Antonio, Texas
18. (a) Signature of funeral director H.R. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-20-44 (b) E. W. Marshall
(Date received local registrar) (Registrar's signature)

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

Peter Hamilton

Licensed Embalmer No.

3908

P. O. Address

Springfield, 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.

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