

FILED OCT 13 1944
Registration District No. **128**

Primary Registration District No. **5466**

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Rural, S. Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month**
(Specify whether
In this community **1 month**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Pennsylvania** (b) County **Dauphin**
(c) City or town **Harrisburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **632 Peffer Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **22**
year **1944** hour **7** minute **25** P.M.
21. I hereby certify that I attended the deceased from **August 18**
1944 to **September 22**, 19**44**;
that I last saw him alive on **September 22**
and that death occurred on the date and hour stated above.
Immediate cause of death **Recurrent adeno-**
carcinoma of ascending colon with
mesenteric metastases.

Duration
Approx
6 months

Due to _____
Due to _____

Other conditions **Thrombophlebitis of inferior**
vena cava
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **As above, also terminal**
edema of lungs.

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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?

3. (a) PRINT FULL NAME **WATKINS, Harry C.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Etta Goodwin Watkins** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **June 12 1904**
(Month) (Day) (Year)

8. AGE: Years **40** Months **3** Days **10** If less than one day
hr. min.

9. Birthplace **New Martinsville W. Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Motorcycle dealer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Arthur Watkins**

13. Birthplace **Ripley, W. Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara UNK. S. ?**

15. Birthplace **Proctor W. Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **File**

(b) Address **M.C.F.P.**

17. (a) **Removal** (b) Date thereof **Sept 23 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harrisburg Pennsylvania**

18. (a) Signature of funeral director **Fred Adams** (Specify type of place)

(b) Address **1100 Boonville, St. J. Me.** (c) Means of injury **0**

19. (a) **9-23-44** (b) **Dr W. S. Hamilton**
(Date received local registrar) (Registrar's signature)

23. Signature **Ed Moreland** (M. D. or D.D.S.)
Address **Med. Centr. Federal Prisoners** Date signed **9-23-44**

OCT 17 1944

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..... *Fred C. Thieme*

Licensed Embalmer No. *2899*

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.

X