

FILED DEC 13 1944

Registration District No. 241

Primary Registration District No. 3075

Registrar's No. 58

1. PLACE OF DEATH:  
**Stoddard**  
 (a) County \_\_\_\_\_  
 (b) City or town **Dexter**  
 (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) 1  
 (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 **Stoddard** 103  
 (c) City or town **Dexter** 3  
 (If outside city or town limits, write "RURAL") 1  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME **Robert Mitchell Watts**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov.** day **11**  
 year **1944** hour **7** minute **30 p. M.**

4. Sex **Male** 0 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Cynthia E. Watts** 6. (c) Age of husband or wife if alive **74** years  
 7. Birth date of deceased **Aug.** **23** **1858**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 7<sup>th</sup>** 1944 to **Nov. 11<sup>th</sup>** 1944  
 that I last saw ~~her~~ him alive on **Nov. 10<sup>th</sup>** 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years **86** Months **2** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Double Lobar Pneumonia** Duration \_\_\_\_\_  
 Due to **Atherosclerosis and Hypertension**  
 Due to \_\_\_\_\_

9. Birthplace **Hickman Ky.** 1  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations **108**  
 Of autopsy **yes**

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **Mitchell Watts**  
 13. Birthplace **West Virginia** 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Martha Thomas**  
 15. Birthplace **No record** 9  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Cynthia E. Watts**  
 (b) Address **Dexter, Mo.**  
 17. (a) **Burial** (b) Date thereof **11-13-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Dexter, Mo., Cem.**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **no**  
 (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? \_\_\_\_\_

18. (a) Signature of funeral director **Blenkinship-Strickland**  
 (b) Address **Dexter, Mo.**  
 19. (a) **12-4-1944** (b) **North Smith**  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0  
 23. Signature **W. S. Blaws** (M. D. or other) \_\_\_\_\_  
 Address **Dexter Mo** Date signed **11-11-44**

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

1134

RECEIVED

District Health Office No. 2,

District File Number 1344-1561

Date Filed 12-7-44

---

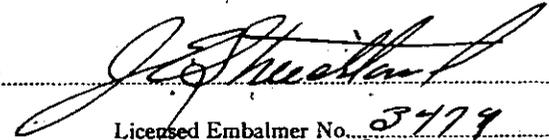
---

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. 3479

P.O. Address..... Dexter, 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.**