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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39009**

FILED NOV 20 1944

Registration District No. **45-10-6-179** Registrar's No. **576**

1. PLACE OF DEATH:  
(a) County **Sullivan**  
(b) City or town **Boysal (Rural) Boeuman**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Boeuman Surg**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **2 wks** years, months or days

3. (a) PRINT FULL NAME **JAMES EDWARD LEE WATSON**

3. (b) If veteran, name war  3. (c) Social Security No. **2**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **-U**

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

7. Birth date of deceased **July 31 1944**  
(Month) (Day) (Year)

8. AGE: Years **3** Months **7** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St Joseph mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Ray Lee Watson**  
13. Birthplace **Horton Kans!**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Blanche Bures**  
15. Birthplace **Lans mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Lee Watson**  
(b) Address **St Joseph mo.**

17. (a) **Rural** (b) Date thereof **11-8-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Camp Ground**

18. (a) Signature of funeral director **PK Payne & Son**  
(b) Address **Galt mo.**

19. (a) **Nov. 13 1944** (b) **Greta Caldwell**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **mo** (b) County **Buchanan**  
(c) City or town **St Joseph** **11**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **7**  
(e) Citizen of foreign country? **No**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **7**  
year **1944** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 6 1944** to **Nov. 7 1944**  
that I last saw **him** alive on **Nov 6 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart Disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **92d**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W B Bradley** (M. D. or other)  
Address **Harris mo.** Date signed **11/8/44**

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

005

1380

**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.....

*Body Not Embalmed*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *PK Payne Jr*.....

Licensed Embalmer No. *3400*.....

P. O. Address *Galt*.....

**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.**