S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5909

State File No. 6828

Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt. #1, Caruthersville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Since Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Rt. #1, Caruthersville.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JACKIE WAYNE WATTLE

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Dec. (Month) 31, (Day) 1944 (Year)

8. AGE: Years 0 | Months 1 | Days 11 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Minor

11. Industry or business: ____

MOTHER FATHER

12. Name: Cecil D. Wattle

13. Birthplace: ____ (City, town, or county) Tennessee (State or foreign country)

14. Maiden name: Josephine Pruitt

15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Cecil Wattle
(b) Address: Rt. #1, Caruthersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Caruthersville, Mo

18. (a) Signature of funeral director: H. S. Smith Funeral Home
(b) Address: Caruthersville, Missouri

19. (a) 3-3-1945 (Date received local registrar) (b) Jessie H. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1945 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 11, 1945, to Feb 12, 1945, that I last saw h. alive on Feb 11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration 24 hrs

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: H. Cain (M. D. or other) M.D.
Address: Caruthersville Mo Date signed: 7/19/45

1206 (Licensed Embalmer's Statement on Reverse Side)

2-45-42

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 Not Embalmed Registered Apprentice No.....,

working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Carrollsville 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.