S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1945

Registration District No. 260

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

7410

State File No.

Registrar's No. 35

1. PLACE OF DEATH

(a) County: Vernon

(b) City or town: Rural - Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. # 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 14 yrs 10 months (Specify whether years, months or days)

In this community: Same

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County:

(c) City or town: St. Louis 10 (If outside city or town limits write "RURAL")

(d) Street No.: Cit. Sanatorium 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: Thomas Watters

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: Widowed

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Aug (Month) 28 (Day) 1880 (Year)

8. AGE: Years 64 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Gabriel Watters

13. Birthplace: New York (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Pope

15. Birthplace: Phelps Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Hosp. Rec.

(b) Address: Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 21 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Deepwood Cemetery

18. (a) Signature of funeral director: Allen & Kaye

(b) Address: Nevada Mo

19. (a) 2-21-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 15 1938 to Feb 17 1945 that I last saw him alive on Feb 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis

Due to: Gen. Arteriosclerosis

Due to:

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

Major findings: Of operations: None

Of autopsy:

Duration

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: [illegible] (M. D. or other)

Address: Nevada Date signed 2/17/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]
Di[illegible] [illegible] No. 7,
District File Number 2-45-149
Date Filed 3-7-45

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 Allen T Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.