

FILED MAR 20 1945

Registration District No.

Primary Registration District No. 1000

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp. (b)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (b)
(If outside city or town limits, write "RURAL")
(d) Street No. 1526 Frederick (b)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Watkins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 27 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 30 If less than one day hr. min.

9. Birthplace Severance Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Rosecraws Field

12. Name William Watkins

13. Birthplace Louisville Kans. (City, town, or county) (State or foreign country)

14. Maiden name Martha Turley

15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Watkins

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 2-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 2-28-45 (b) Helen I. Puckler (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1945 hour 12 3/4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/24/45 to 2/24/45, 1945;
that I last saw him alive on 2/24/45, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion

Duration

10 min

Due to Chronic myocarditis 2 yrs.

Due to acute cholelithiasis attack 5 days.

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

Major findings:
Of operations

A 3rd

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. M. Zschaber (M. D. or other)

Address Kirkpatrick Bldg Date signed 2/26/45

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

MOTHER FATHER

1377

MAR 23 1945

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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

Robert H. Maple

Licensed Embalmer No.

3308

P. O. Address

St Joseph, 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.