. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13466

Registration District No. 129 Primary Registration District No. 5461 Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Willard R1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Robertson township (If not in hospital or institution, write street number or location)

(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 Greene 57

(c) City or town Willard Mo R1 (If outside city or town limits, write "RURAL")

(d) Street No. Rural Robertson township (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dona Jane Watson

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Spencer B. Watson

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

7. Birth date of deceased February (Month) 22 (Day) 1872 (Year)

8. AGE: Years 73 Months 1 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business General house keeping

FATHER
12. Name Bradford Dickey
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Amanda Smith
15. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs John Ross

(b) Address Willard Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Wesley chapel

18. (a) Signature of funeral director Gene A Bonn

(b) Address Walnut Grove Mo

19. (a) 4/29/45 (Date received local registrar) (b) Mrs Herman White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1945 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Mch 13, 1945 to Mch 29, 1945; that I last saw her alive on Mch 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

94

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 W A Dezell (M. D. or other)

Address Springfield Mo Date signed 3/29/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 45-4-38
Date Filed 4-13-45

Date Filed

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 Eric A. Brien

Licensed Embalmer No. 2664

P. O. Address Walnut Goon 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.