

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28795A**
Registrar's No. **1**

FILED JUN 15 1951

Registration District No. **369**

Primary Registration District No. **369 6253**

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

1. PLACE OF DEATH:

(a) County **Wayne**

(b) City or town **Williamsville Rt. 1**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 **65 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Susan Scott Watson**

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

4. Sex **F** 5. Color or race **W**

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

6. (b) Name of husband or wife **Thomas** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 28 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 4 25 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **William Asberry Chapel**

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

14. Maiden name **Hetherington**

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

16. (a) Informant **Mrs Lillie Sanderson**

(b) Address **Taskaa, Mo.**

17. (a) **Burial** (b) Date thereof **8/24/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenville**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo**

19. (a) **June 9, 1951** (b) **Susan E. Piles**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Williamsville Rt. 1**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23** year **1945** hour **1** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 16-45** to **Aug 23 1945** that I last saw her alive on **Aug 22-45** and that death occurred on the date and hour stated above.

Immediate cause of death **Endo Cardia** Duration **1 yr**

Due to **Branchial Asthma**

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? _____

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

23. Signature **John F. Leaguer** (M. D. or other) **Dr. J.**
Address **Greenville, Mo** Date signed **Aug 23-45**

RECEIVED

JUN 14 1951

WAYNE CO. HEALTH CENTER

FILE No. 651-31

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

Wallace N. Fitch

Licensed Embalmer No. 3859

P.O. Address Poplar Bluff, 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: