V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

5325

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1946

State File No. 6358

Registration District No. 492 Primary Registration District No. 2652.4292 Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town WINFIELD
(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
In this community SINCE BIRTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town Winfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY CHRISTINA WATTS

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

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed + Married
6. (b) Name of husband ~~or wife~~ (second) Gordon Watts
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June (Month) 13 (Day) 1880 (Year)

8. AGE: Years 65 Months 7 Days 24 If less than one day hr. min.

9. Birthplace St. Charles (~~City, town, or~~ county) Mo. (State ~~or foreign country~~) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alec Painter
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name O'Brein
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Gordon Watts 1
(b) Address Winfield, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Winfield Cemetery
18. (a) Signature of funeral director O Garlen Rieto
(b) Address Winfield Missouri
19. (a) 2-6-46 (Date received local registrar) (b) P C Kennibil (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1946 hour 2:00 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1945 to Feb. 6 1946
that I last saw her alive on February 5 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 46f
Major findings: Of operations Carcinoma of liver
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 P C Kennibil (M. D. or other) MD
Address Old Monroe, Mo Date signed 2/6/46

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4012

P. O. Address Winfield, 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.