

FILED JUL 1 1946

State File No. 2

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 3920

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp, 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1, Verona Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vida V. Watkins

3. (b) If veteran, name war None
3. (c) Social Security No. GRNK

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence Watkins
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 1, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 30 2 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Clarence Baker
13. Birthplace GRNK. W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Moody
15. Birthplace GRNK. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clarence Watkins
(b) Address R 1, Verona Mo.
17. (a) Burial (b) Date thereof May 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.
19. (a) 6-3-46 (b) J. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5-6 1946 to 5-6 1946
that I last saw h. or alive on 5-6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia
Fracture of Breast
Probably due to tick bite

Other conditions (include pregnancy within 3 months of death):
Struck with handle of Jack.
Of autopsy 1959

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 6, 1946
(c) Where did injury occur? Rural Verona Barry Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? Yes (Specify type of place)
(g) Means of injury Struck by handle of Jack
23. Signature J. W. Handley (P. D. or other)
Address Springfield, Mo. Date signed 5/11/46

Duration
3 days
7 da
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

18899

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 *Sterman Turridge*

Licensed Embalmer No. *13372*

P. O. Address *Aurora 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.

X