

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33124

State File No. _____

FILED OCT 22 1946
Registration District No. 46

Primary Registration District No. 4149

Registrar's No. _____

1. PLACE OF DEATH
(a) County Crawford
(b) City or town Cuba
(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 4 1/2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Cuba, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sandra Lynn Watkins
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 3
year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8-1-46 to 8-3-46
that I last saw her alive on 8-2-46
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 22 1946
(Month) (Day) (Year)

Immediate cause of death Congenital Heart Disease
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years _____ Months 7 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Waynesville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation INFANT

11. Industry or business _____
12. Name George Harold Watkins
13. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Christine C. Maxwell
15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
157E

16. (a) Informant Harold Watkins
(b) Address Cuba, Mo.
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 _____

18. (a) Signature of funeral director Shanklin Funeral Home
(b) Address Cuba, Mo.
19. (a) 10-4-1946 (b) Paul G. Shanklin
(Date received local registrar) (Registrar's signature)

23. Signature J. J. A. Herzog (M. D. or other)
Address Cuba, Mo. Date signed 8-5-46

3.122 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Paul C. Franklin....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3472*

P. O. Address. *Cuba, 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.

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Cuba
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sandra L. Watkins
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATE FROM
20. DATE OF DEATH Month _____ Day _____
year 1946 hour _____ minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

7. Birth date of deceased Feb 22
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation None
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER FATHER {
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) Burial (b) Date thereof 10-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery, Rolla, Mo.
18. (a) Signature of funeral director Franklin Funeral Home
(b) Address Cuba, Missouri
19. (a) 10-4-1946 (b) Franklin
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

33124