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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36184

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1317

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hr
(Specify whether years, months or days)
 In this community 5 HOURS

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County De Kalb 32
 (c) City or town Stewartsville, 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 GONDA MAY WATKINS
 3. (b) If veteran, name war ---
 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 22
 year 1946 hour 10⁰⁰ minute 9 A.M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JOHN L WATKINS
 6. (c) Age of husband or wife if alive 37 years
 7.. Birth date of deceased OCTOBER 31 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 12, 1946 to Nov. 22, 1946
 that I last saw her alive on Nov. 21, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Thrombosis
 Duration 2 or 3 hrs.

8. AGE: Years 32 Months — Days 20
 If less than one day hr. min.

Due to 19
 Due to

9. Birthplace CAMPWELL Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business

MOTHER, FATHER {
 12. Name Lee Diver Biss
 13. Birthplace CLINTON Co. Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name ELVIRA JANE NEWMAN
 15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

Other conditions Hypothyroidism
(Include pregnancy within 3 months of death)
(19 days Post Partum)
 Major findings:
 Of operations
 Of autopsy 62C

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

16. (a) Informant JOHN L. WATKINS

(b) Address STEWARTSVILLE, Mo.

17. (a) Burial (b) Date thereof Nov. 24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STEWARTSVILLE CEMETERY

18. (a) Signature of funeral director Lynn Special Home

(b) Address Stewartsville, Mo.

19. (a) NOV. 29, 1946 (b) E. P. Jenkins
(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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature E. M. Drossis (M. D. or other) MD

Address 317 1/2 Kirkpatrick Bldg Date signed 11-23-46

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 *J. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address *Stewartville 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.