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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Don Silsby Jr.
State File No. 40281
Registrar's No. 1018

Registration District No. 128

Primary Registration District No. 2000

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: 1413 Kimbrough
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1413 Kimbrough
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Mary Lucy Watson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Watson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 20 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 28
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Wm. Sterling
13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sally Ann Overby
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert G. Branham
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 12-21-46 (b) W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1946 hour 10 minute 27a. M.

21. I hereby certify that I attended the deceased from Oct 30 1946 to Dec 18 1946
that I last saw her alive on Dec 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 weeks
Due to Carcinoma metastasis 10 mos.
generalized (pulmonary and abdominal)
Due to Carcinoma of breast 15 mos.

Other conditions Zion
(Include pregnancy within 3 months of death)

Major findings: 50
Of operations Feb '46 Breast carcinoma removed.
Of autopsy ✓
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) _____
(a) Means of injury _____

23. Signature Don J. Silsby (M. D. or other) MD
Address Springfield, Mo. Date signed 12-19-46

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

9
2
6

3000

OCT 1 1937

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..... *Walter E. Hamble*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.