

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution:
1105 So. 20th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1105 So. 20th Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Benjamin Harvey Watson**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen Groves Watson** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **December 11 1882**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **1** year **1947** hour **7** minute **00** P.M.
21. I hereby certify that I attended the deceased from **3-24-47** to **4-1** 19**47**, to **19**;
that I last saw him alive on **4-1** 19**47** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 **3** **20** hr. min.

Immediate cause of death
Cardiac Disturbance
Pulmonary regurgitation
Due to **station**
Myocardial Stenosis
and **Atherosclerosis**
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace **Monroe City Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Mechanic, Welder & Cutter**
11. Industry or business **C. B. & Q. Railroad**
12. Name **William Watson**
13. Birthplace **Macon Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Fannie Thompson**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

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 **2**

MOTHER FATHER
16. (a) Informant **Mrs. Helen Groves Watson**
(b) Address **1105 So. 20th St., St. Joseph, Mo.**
17. (a) **Burial** (b) Date thereof **Apr. 4, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mound City, Mo.**
18. (a) Signature of funeral director **Halter Heiserhoffer**
(b) Address **1946 Colhoun St., St. Joseph, Mo.**
19. (a) **Apr 7, 1947** (b) **G. B. Jenkins**
(Date received local registrar) (Registrar's signature)

23. Signature **G. B. Jenkins** (Date signed) **4-2-47**
Address **5015 Grandview St. St. Joseph, Mo.**

JUN 1947

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 *Albert R Harrington*

Licensed Embalmer No. *3256* *Missouri*

P. O. Address *St. Joseph, 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.