

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF REGISTRATION  
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13325

State File No. \_\_\_\_\_  
Registrar's No. 102131

Registration District No. 143 Primary Registration District No. 4232

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town Willow Springs Mo.  
(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 MISSOURI (b) County Howell Mo.  
(c) City or town Willow Springs Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DOONNA FAYE WATSON (INFANT)  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 11  
year 1947 hour 5:45 minute A M.  
21. I hereby certify that I attended the deceased from 3-10- 1947 to 3-11- 1947  
that I last saw her alive on 3-10- 1947  
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 0  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 2 1947  
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia Duration 3 days  
Due to 96thma, Bronchial 3 mos  
Due to Prematurity 3w  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years \_\_\_\_\_ Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace PARAGOULD ARK. 1  
(City, town, or county) (State or foreign country)

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name WAYNE WATSON  
13. Birthplace Willow Springs MO. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruby Gordon  
15. Birthplace GROGAN Mo. 1  
(City, town, or county) (State or foreign country)  
16. (a) Informant Ruby Gordon  
(b) Address Willow Springs, Mo.  
17. (a) BURIAL (b) Date thereof MARCH 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY, WILLOW SPRINGS  
18. (a) Signature of funeral director BURNS, FUNERAL HOME  
(b) Address Willow Springs, Mo.  
19. (a) MAR 11-47 (b) Marshall Beal  
(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 Ed Callahan (M. D. or other) \_\_\_\_\_  
Address Willow Springs, Mo. Date signed 3-11-47

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

46  
2  
0

MOTHER FATHER

387

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 2147225

Date Filed 4-21-47

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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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**