

FILED MAY 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18548

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 1572

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Doe Run
(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 40 years
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

Missouri St. Francois
(a) State (b) County 77
(c) City or town Doe Run
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Washington Watkins

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary McLeod Watkins 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct. 12, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER
12. Name Peter Watkins
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Cassie Ann
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo Watkins
(b) Address Doe Run, Missouri
17. (a) b (b) Date thereof 5-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run, Mo.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri
19. (a) 5-7-47 (b) Ether Kullhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-5 1947 to 5-5 1947
that I last saw him alive on 5-5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2-3 hrs.
Due to Cerebral & Cerebellar Arteriosclerosis
+ Arteriosclerotic Heart Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy

PHYSICIAN

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?
(Specify type of place) (e) Means of injury

23. Signature F. Richard Couch (M. D. or other) MD
Address Farmington, Mo. Date signed 5-7-47

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

RECEIVED

District Health Officer No. 4
District File Number 547-224
5-20-47

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 Chas. Cozcan
Licensed Embalmer No. 4084
P. O. Address Ferrington 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.