

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20189**

FILED JUL 14 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **839**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(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 3 days
(Specify whether
In this community 45 years.
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. 1502 1/2 Jules Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mysse Dollie Watsabaugh

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Francis Watsabaugh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 15 hr. min.

9. Birthplace Chariton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Leonidas Baker

13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Martha McMannus

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Weigel

(b) Address 144 Park Lane, St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) July 11, 1947 (b) E. L. Jenkinson
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1947 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 5-7, 1947
to July 8, 1947
that I last saw h. er alive on July 8, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary fibriillation Duration 10 min
Due to Cerebral hemorrhage 1720

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: of 2A
Of operations _____
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?

While at work? _____ (Specify type of place)
e) Means of injury 0

23. Signature H. B. Kuehly M.D. (M. D. or other)
Address St. Joseph, Mo. Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

George J. Kingbesmuelle

Registered Apprentice No. *508*

working under my personal supervision.

Signed.....

Albert E. Harrington

Licensed Embalmer No. *3258* 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.