S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20190

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 794

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: 2018 Francis St-Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 25 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. 626 South 10th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward G. Watts
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 3, 1873 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 28 If less than one day hr. min.

9. Birthplace ---- (City, town, or county) Minnesota (State or foreign country)
10. Usual occupation Farmer
11. Industry or business unknown
FATHER
12. Name
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant James Aspey
(b) Address 926 Felix St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 6-30-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1947 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from December 5, 1942 to June 1, 1947; that I last saw him alive on May 31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic Regurgitation	2 yrs.
Due to: Arteriosclerosis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bullus Impetigo	3 wks.

Major findings: Of operations XXX
Of autopsy XXXX

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 XX
(c) Where did injury occur? XX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX (Specify type of place)
While at work? (e) Means of injury
23. Signature E. H. Werner (M. D. or other)
Address Kirkpatrick Bldg., St. Joseph, Mo. Date signed 6-9-47

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry

Licensed Embalmer No. 4212

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.