

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1947

Registration District No. **132**

Primary Registration District No. **3021**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **GRUNDY**  
(b) City or town **TRENTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1330 PRINCETON RD.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **51 years.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GRUNDY 40**  
(c) City or town **TRENTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1330 PRINCETON RD. 2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM JAMES WATSON**

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 **MARRIED**  
6. (b) Name of husband or wife **SARAH ALICE WATSON**  
6. (c) Age of husband or wife if alive **81** years  
7. Birth date of deceased **March 12 1862**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>85</b>	<b>3</b>	<b>12</b>	hr. _____ min. _____

9. Birthplace **Joliet** (City, town, or county) **Ill.** (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARM**

12. Name **WILLIAM WATSON** 4

13. Birthplace **UNKNOWN ENGLAND** (City, town, or county) (State or foreign country)

14. Maiden name **ANN PHILIPS** 4

15. Birthplace **UNKNOWN ENGLAND** (City, town, or county) (State or foreign country)

16. (a) Informant **x Nellie E. Watson**

(b) Address **BURIAL**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JUNE 26 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation **ANTIOCH**

18. (a) Signature of funeral director **Raymond O. Davis**  
(b) Address **Trenton Mo.**

19. (a) **6-24-47** (Date received local registrar) (b) **Jessie Saw** (Registrar's signature) **115**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **24**  
year **1947** hour \_\_\_\_\_ minute **3:05P.M.**

21. I hereby certify that I attended the deceased from **June 2**, 19**47**, to **June 24**, 19**47**  
that I last saw him alive on **June 27**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
**due to Arterio Sclerosis**

Duration  
**2 yrs**  
**2 yrs**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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) (c) Manner of injury \_\_\_\_\_

23. Signature **E. A. Nobby** (M. D. or other) **June 26 1947**  
Address **Trenton Mo.** Date signed \_\_\_\_\_

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

40  
1  
2

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....

*Walter E. Meyer*

Registered Apprentice No. *458*

working under my personal supervision.

Signed.....

*Raymond A. Blum*

Licensed Embalmer No. *3424*

P. O. Address *Trenton 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.**