

S. No. 2
M-5-43
v. 5-17-39
X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25109

FILED JUL 16 1947

Registration District No. 1

Primary Registration District No. 3057

Registrar's No. 69

1. PLACE OF DEATH

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
114 Bell St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Richmond years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL")

(d) Street No. 114 Bell 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hiram Wilbur Watkins

3. (b) If veteran, name war Spain 3. (c) Social Security No. None

4. Sex Mo 5. Color or race W

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

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

7. Birth date of deceased July 3, 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-20-47, 19____, to 7-4-47, 19____; that I last saw him alive on 7-4-47, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85 0 1 hr. _____ min.

Immediate cause of death _____ Duration _____

Broncho-pneumonia 5 days

Due to _____

Apoplexy 3 days

Due to _____

9. Birthplace Richmond, W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business _____

12. Name John E. Watkins

13. Birthplace W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth G. Warner

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

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.

16. (a) Informant Miss Virginia Watkins
(b) Address Richmond, Mo.

17. (a) _____ (b) Date thereof 7/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springdale, Richmond

18. (a) Signature of funeral director W. E. F. H.
(b) Address Richmond, Mo.

19. (a) July 5 - 47 (b) Madeline Jackson
(By or modified 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? _____

While at work _____ (Specify type of place) _____
(or) Means of injury _____

23. Signature J. J. Cori (M. D. or P. M.) _____
Address Richmond, Mo. Date signed 7-5-47

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

RECEIVED

District Health Officer No. 8,

Case File Number

Date Filed

7-15-47

NOV 20 1947

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.....
Licensed Embalmer No. 7066
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.