

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26543
Registrar's No. 103

FILED JUL 29 1947

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County VERNON

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

(c) Name of hospital or institution:
NEVADA CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours
(Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON 108

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

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GANICE-CECILE-WATKINS

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1947 hour 10:45 minute — M. PM

21. I hereby certify that I attended the deceased from July 22
1947, 1947 to July 23, 1947
that I last saw h. CR. alive on July 23, 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 14 1947
(Month) (Day) (Year)

Immediate cause of death Hemorrhage of Brain 32 hrs.

Due to Cause unknown

Due to —

Other conditions (Include pregnancy within 3 months of death) none

8. AGE: Years — Months — Days 9 hr. — min. —

9. Birthplace Sheldon, Nevada, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

PHYSICIAN

Major findings: no operations

Of operations —

Of autopsy none

Underline the cause to which death should be charged statistically.

MOTHER {

11. Industry or business —

12. Name CECIL GAMES WATKINS

13. Birthplace SHeldon MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name BEulah A MOORE

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

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 —

23. Signature Maurice E. Davis MD (M. D. or other)
Address Box 55, Sheldon, Mo Date signed 7/24/47

16. (a) Informant CECIL GAMES WATKINS

(b) Address SHeldon MO

17. (a) REMOVAL (Burial, cremation, or removal)

(b) Date thereof July 22 1947
(Month) (Day) (Year)

(c) Place: burial or cremation SHeldon CEMETERY

18. (a) Signature of funeral director H. Bernard Berry

(b) Address Sheldon, Mo

19. (a) 7-26-47 (Date received local registrar)

(b) Nathaniel Hansen (Registrar's signature)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-47-873
Date Filed 7-28-47

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.....

Body was not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed *J. Bernard Beery*.....

Licensed Embalmer No. *4161*.....

P. O. Address *Sheldon, 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.