S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

Registration District No. 12

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26715

Primary Registration District No. 5071

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Route #1 Nashville TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. Route #1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME LeRoy Watkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of ~~husband~~ or wife Mattie May Watkinsn

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. (Month) 20 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	27	..... hr. ..... min.

9. Birthplace Chandlerville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name William Watkins
13. Birthplace Illinois (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Judith Ann Myers
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mattie May Watkins
(b) Address Liberal, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Iantha Cemetery

18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Lamar, Missouri

19. (a) JUL 19 1947 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1947 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from 7/11/47, 19..., to 7/17/47, 19...; that I last saw him alive on 7/17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to Cardiac asthma

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0

Of autopsy no

Duration

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature A. G. Eddleman (M. D. or other)

Address Liberal Mo Date signed 7/19/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 847-842
Date Filed AUG 1 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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address Elsmar 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.