

S. No. 2
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27487

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED AUG 18 1947
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. _____

Registration District No. 132 Primary Registration District No. 3021

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:
1333 Sumner Road 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 6 months

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. 1333 Sumner Road 2
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SARAH ALICE WATSON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex FEMALE 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 25 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 23
 year 1947 hour 12:40 minute P M.
 21. I hereby certify that I attended the deceased from July 21
 1947 to July 23 1947
 that I last saw h. _____ alive on July 22 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Arterio Sclerosis 2 yr
 Duration

8. AGE: Years 83 Months 9 Days 28
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Rock Island Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business HOME
 12. Name George Greenwood
 13. Birthplace England
(City, town or county) (State or foreign country)
 14. Maiden name Olga Young
 15. Birthplace England
(City, town, or county) (State or foreign country)

Major findings:
 Of operations AI
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant Mellie E. Watson
 (b) Address Trenton, Mo
 17. (a) Burial (b) Date thereof July 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Protestant Cem. Trenton, Mo.
 18. (a) Signature of funeral director James A. ...
 (b) Address Trenton, Mo.
 19. (a) July 27 (b) James E. ...
(Date received 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) (e) 1 hours of injury
 23. Signature E. A. Duffy (M. D. or other) 0
 Address Trenton Mo Date signed July 24 1947

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

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. Mage

....., Registered Apprentice No. *458*

working under my personal supervision.

Signed.....

Raymond Davis

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.