

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30829**

FILED OCT 11 '47

Registration District No. **100**

Primary Registration District No. **5388**

Registrar's No. **67**

**1. PLACE OF DEATH:**

(a) County Dent

(b) City or town Rural - Shortland Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community 6 months 29 days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dent **33**

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

(d) Street No. Shortland Township  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JAMES - ARCHIE - WATKINS

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security** No. None

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept **13** day 13<sup>th</sup>  
year 1947 hour 3 minute 7 M.

**21. I hereby certify that I attended the deceased from** not seen alive **19**;  
that I last saw him alive on **19**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
fractured cervical vertebrae -  
fell from bed

**4. Sex** male **5. Color or** race white

**6. (a) Single, widowed, married,** divorced 0

**6. (b) Name of husband or wife** \_\_\_\_\_

**6. (c) Age of husband or wife if** alive \_\_\_\_\_ years

**7. Birth date of deceased:** Feb 21 1947  
(Month) (Day) (Year)

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

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

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

Major findings: 1968  
Of operations: NO

Of autopsy: 19

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

0 6 22 hr. min.

**9. Birthplace:** Dent County Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** None

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**11. Industry or business** \_\_\_\_\_

**12. Name:** Dewey Jackson Watkins **0**

**13. Birthplace:** Dent County Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Jessie Lucretia Foster

**15. Birthplace:** Dent County Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Alva Carty

**(b) Address:** Springfield Missouri

**17. (a) Burial (b) Date thereof Sept 15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)**

**(c) Place:** burial or cremation Edgar Cemetery

**18. (a) Signature of funeral director:** C. P. Brantham

**(b) Address:** Salem Mo.

**19. (a) 9-15-47** (b) M. W. Hark (Registrar's signature) 92

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) Accident **33**

(b) Date of occurrence 9-13-47

(c) Where did injury occur? Salem Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None

While at work? NO (Specify type of place) (e) Means of injury fell from bed

**23. Signature:** M. W. Hark MD (M. D. or other) MD  
Address Salem Mo Date signed 9/14/47  
Coroner

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

MOTHER FATHER

RECEIVED

District No. 5,

District

Date Filed

1047554

12-9-47

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.....

*Edward F. Broyles*

Registered Apprentice No. *435*

working under my personal supervision.

Signed.....

*Way L. Crayle*

Licensed Embalmer No. *4170*

P. O. Address..... *Salem, 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.