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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31798

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 232

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

1. PLACE OF DEATH:

(a) County Macon

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105

(c) City or town Princeton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES WATSON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Oct 21 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Sullivan Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business .....

FATHER
12. Name Jim Watson
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Haley
15. Birthplace ..... Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wist Wiscoat
(b) Address Harris Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Ashbury Cem

18. (a) Signature of funeral director Albert S Kumer
(b) Address Macon Mo

19. (a) 9-8-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th year 1947 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 27, 1943, 19..., to Aug. 11th, 1947 that I last saw him alive on Aug. 11th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Hypostatic	4 days
Due to Arteriosclerotic cerebral pathology	over 4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

97

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature P. B. Pendergast (M. D. or other) DO.

Address Macon, Mo. Date signed 8/11/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9:47:1253
Date Filed SEP 15 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 Albert S Kummer

Licensed Embalmer No. 751

P. O. Address Macon 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.