

FILED NOV 5 1947

Registration District No. **241**

Primary Registration District No. **4356**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Point Pleasant**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **9**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **2 months** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Tenn** (b) County **Shelby 999**
(c) City or town **Memphis 40**
(If outside city or town limits, write "RURAL")
(d) Street No. **1078 Delmar Apt. 16 23**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME **Jack Watkins Sr**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Male** 2. Color or race **Colored** 6. (a) Single, widowed, married, divorced **3**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 14 1892** (Month) (Day) (Year)

8. AGE: Years **55** Months **7** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **Fayette Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Jack Watkins Sr**

13. Birthplace **Harwood Tenn** (City, town, or county) (State or foreign country)

14. Maiden name **Missouri Robinson**

15. Birthplace **Unknown Ga** (City, town, or county) (State or foreign country)

16. (a) Informant **Lue Anna Green**

(b) Address **1078 Delmar Apt. 16 - Memphis Tenn**

17. (a) **Removal** (b) Date thereof **10-24-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis, Tenn**

18. (a) Signature of funeral director **Scottish Funeral Home**

(b) Address **Memphis, Tenn**

19. (a) **10-24-47** (b) **Ellen Dr. Ruler** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **13** year **1947** hour **7:00** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
By all means death
caused due to
Due to **Coronary Thrombosis**
Due to _____

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

Major findings: Of operations **94A** PHYSICIAN _____

Of autopsy **No** 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? _____

While at work? _____ (Specify type of place) (e) Means of injury **3**

23. Signature **Ed. H. Smith** (M.D. or other) **Carover**
Address **New Madrid, Mo** Date signed **10/23/47**

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

MOTHER FATHER

DEC 15 1947

RECEIVED

District Health Office No. 1

District File Number 1047-1411

Date Filed 10-31-47

NOV 6 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 Leonard John Vargo

Licensed Embalmer No. 4326

P. O. Address Portsmouth, N.C.

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.