

FILED JAN 16 1948

Registration District No. 297

Primary Registration District No. 3057

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: East Lexington St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. East Lexington St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS MODE WATSON

3. (b) If veteran, name war None 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 Laura Wood Watson 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 12, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>22</u>	hr. _____ min.

9. Birthplace Knoxville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired butcher

11. Industry or business _____

12. Name Nicholas B. Watson

13. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace Knoxville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Watson

(b) Address E. Lexington, Richmond, Mo.

17. (a) Burial (b) Date thereof Jan. 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Funeral Home

(b) Address 627 E. Main St., Richmond, Mo.

19. (a) Jan 5 - 1948 (b) Richard Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
year 1948 hour 6:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from 18 Oct 1947 to 4 Jan 1948
that I last saw him alive on 4 Jan 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Congestive Heart Failure</u>	<u>1 week</u>
Due to <u>Hypertensive Heart Disease</u>	<u>5 years</u>
Due to <u>Arteriosclerosis</u>	<u>+ 15 years</u>

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. F. Lockrell M.D. (M.D. or other) _____
Address Richmond, Mo. Date signed Jan 5, 1948

District Health Officer No. 8,

District File Number _____

Date Filed 1-15-48

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 _____

William L. Thurman, Registered Apprentice No. 65

working under my personal supervision.

Signed 

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

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.