No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9177

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Jefferson.
(b) City or town: De Soto. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jefferson.
(c) City or town: De Soto. (If outside city or town limits, write "RURAL") 50
(d) Street No.: 405 E. Miller st. (If rural, give location) 2
(e) Citizen of foreign country? No ✓ (Yes or No) 2
If yes, name country: 0

3. (a) PRINT FULL NAME: Mavis Bessie Watt
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F
5. Color or race: W
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: March (Month) 31 (Day) 1917 (Year)

8. AGE: Years 29 | Months 11 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: De Soto (City, town, or county) Mo (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Elmer James Watt.
FATHER 13. Birthplace: De Soto (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Abra Lloyd
MOTHER 15. Birthplace: Texas County (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Elmer J. Watt.
(b) Address: 405 E. Miller st. De Soto Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-5-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Wood Lawn.
18. (a) Signature of funeral director: Lee Mothershead
(b) Address: Lee Soto Mo.
19. (a) 3/6/48 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3rd year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Mar 2, 1948 to Mar 3, 1948 that I last saw her alive on Mar 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia lobar	3 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
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? (Specify type of place)
While at work? (e) Means of injury 7
23. Signature: J. P. Angels (M.D. or other) DO.
Address: De Soto, Mo Date signed 3-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 17 1948

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.