S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16044

Primary Registration District No. 2000

Registrar's No. 433

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 2132 North Newton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: N.O.M.S. (Specify whether
In this community: FOUR YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Laclede
(c) City or town: LEBANON (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NO

3. (a) PRINT FULL NAME: Fred WATSON
3. (b) If veteran, name war: UNKNOWN
3. (c) Social Security No.: UNKNOWN
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: PEARL dec.
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: December (Month) 2 (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 20 If less than one day ... hr. ... min.

9. Birthplace: PLEASANTON (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: —

FATHER
12. Name: Wm WATSON
13. Birthplace: ILL. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ANNA BRITTINGHAM
15. Birthplace: ILL. (City, town, or county) (State or foreign country)

16. (a) Informant: MRS GOLDIE FELKNEY
(b) Address: Springfield, MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: GREENLAWN
18. (a) Signature and Funeral Director: Alma Johnson Funeral Home
(b) Address: Springfield, MISSOURI
19. (a) 5/24/48 (Date received local registrar) (b) N. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from ..., 1946, to 5-22, 1948; that I last saw him alive on 5-21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal-Vascular Disease	2 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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:

23. Signature: Max Fitel (M. D. or other) MD
Address: Springfield Mo Date signed: 5-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 473 Jackson R. Handley Registered Apprentice No. ....., working under my personal supervision.

Signed Jewell E. Wundle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.