No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18409

State File No.

Registration District No. 223 Primary Registration District No. 6475 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Home R# 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

(d) Street No. Sikeston R# 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME CLEVELAND BENTON WATSON

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec 4 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Villa Ridge Pulaski Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Dealer

11. Industry or business

MOTHER FATHER
12. Name W. B. Watson
13. Birthplace Va.
(City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name Kate Dierstein
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C B Watson
(b) Address Sikeston Mo R# 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48
(Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo

19. (a) 5-25-48 (Date received local registrar) (b) Mrs T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 7 minute 36 A. M.

21. I hereby certify that I attended the deceased from 4-9-48, 1948 to 5-24-48, 1948
that I last saw him alive on May 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Disseminated Carcinoma	?
Due to of the osseous system	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55 B

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

23. Signature Thos. O. McClure (M. D. ~~or other~~)
Address Sikeston, Mo Date signed 5/25/48

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1948

MAR 21 1949

RECEIVED
District Health Office No. 2,
District File Number 648-704
Date Filed 6-1-48

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 —, Registered Apprentice No. —, working under my personal supervision.

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.