FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Fred Hall

State File No. 22883

FILED JUL 26 1948

Registration District No. 1428

Primary Registration District No. 2000

Registrar's No. 568

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: 738 South Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield, (If outside city or town limits, write "RURAL")
(d) Street No.: 738 South Avenue 6 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John William Watts
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Mary E. Watts
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: May (Month) 5, (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	6	hr. min.

9. Birthplace: Plymouth, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Retired Mechanic
11. Industry or business:
MOTHER FATHER
12. Name: Wilkson Watts
13. Birthplace: Terre Haute, (City, town or county) Indiana (State or foreign country)
14. Maiden name: Elizabeth Provolt
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Mary E. Watts
(b) Address: Springfield, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chillicothe, Missouri
18. (a) Signature of funeral director: Gorman-Scharpf Funeral Home
(b) Address: Springfield, Missouri
19. (a) 7-14-48 (Date received local registrar) (b) W. T. Hardy M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1948 hour 6:45 minute P. M.
21. I hereby certify that I attended the deceased from 6-8-48, to 7-10-48, 19..; that I last saw him alive on 7-10-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis, Emphysema.
Due to:
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

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: [signature] (M. D. or Coroner)
Address: Springfield, Mo. Date signed: 7-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1953

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 L. Gordon Forman

Licensed Embalmer No. 3177

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.