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FILED AUG 11 1948

Registration District No. 1603

Primary Registration District No. 3031

Registrar's No. 57

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: NONE
(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 36 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON
(c) City or town De Soto (If outside city or town limits, write "RURAL")
(d) Street No. 405 E. Miller (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ABRA MARTHA WATT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELMER J. WATT 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MARCH 8 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 25 hr. min.

9. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name JAMES Lloyd

13. Birthplace Little Rock ARK.
(City, town, or county) (State or foreign country)

14. Maiden name NANCY TROGIN

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

16. (a) Informant ELMER J. WATT
(b) Address De Soto Mo.

17. (a) BURIAL (b) Date thereof AUG. 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. De Soto Mo.
(d) Signature of funeral director See Mathushead
(e) Address De Soto, Missouri

19. (a) 8/5/48 (b) Marie Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1948 hour 6:30 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 1946 to Aug 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Essential Hypertension

Due to _____
Due to _____

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

Major findings: Of operations g3w
Of autopsy _____

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 Chas C. Gullett (M. D. or other) 0
Address De Soto Mo Date signed 8/4/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed AUG 10 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 *J. E. Mathershead*
Licensed Embalmer No. *3531*
P. O. Address *Desoto*

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.