

FILED AUG 25 1948
Registration District No.

Primary Registration District No. 6075

State File No.
Registrar's No. 261

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 mos. 15 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

ALFRED WATKINS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown
(Month)

Unknown
(Day)

Abt. 1888
(Year)

8. AGE: About 60.

Years

Months

Days

If less than one day

hr. min.

9. Birthplace Bloomfield
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation Laborer

11. Industry or business

Unknown

12. Name

Unknown

Unknown
(State or foreign country)

13. Birthplace Unknown
(City, town, or county)

14. Maiden name Unknown

15. Birthplace Ridgeway
(City, town, or county)

Illinois
(State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-7-48
(Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem., Greenway, Ark

18. (a) Signature of funeral director Irby Funeral Home

(b) Address Rector, Arkansas

19. (a) 8-17-48
(Date received local registrar)

(b) Ether Reddell
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from January 21, 1947 to July 5, 1948
that I last saw him alive on July 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsies: No 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?.....
(a) Means of injury.....
23. Signatory George A. [Signature] (M.D. or other) MS
Address Farmington, Mo Date signed 7/8/48

MOTHER FATHER

WRITE PLAINLY—USING UNFADING BLACK INK—NEVER A

RECEIVED

District Health Officer No. 4

District File Number 848-1074

Date Filed 8-24-4

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..... *Paul K. Royal*

Licensed Embalmer No. 7120

P. O. Address..... *Farmington, 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.