

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED OCT 26 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **31879**  
Registrar's No. **302**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

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

**1. PLACE OF DEATH:**

(a) County Adair

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

(c) Name of hospital or institution: Grin-Smith Memorial Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 days  
(Specify whether)

In this community Life  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Sullivan <sup>98</sup>

(c) City or town Green City <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. Sullivan Co <sup>1</sup>  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Carroll Evans Watt

3. (b) If veteran, name war V

3. (c) Social Security No. V

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 17  
year 1948 hour 12 minute 30 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife Carroll 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased December 15 1927  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-14-48, 1948, to Oct 17, 1948;  
that I last saw him alive on Oct 17, 1948;  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 20 Months 10 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death - Respiratory failure Duration few min.

9. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

Due to Meningitis 4 days

10. Usual occupation Farmer

Due to Streptococcus sore throat 1 week

11. Industry or business Self Employed

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

12. Name Melvin Watt

Major findings: 115B

13. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

14. Maiden name Hattie E. Cochran

15. Birthplace Sullivan County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Melvin Watt

(b) Address Green City, Mo

17. (a) Burial (b) Date thereof 10-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Wood Cem.

18. (a) Signature of funeral director Allen E. Hunt, Son

(b) Address Green City, Mo

19. (a) Oct 17-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

**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 i

23. Signature George E. Grim (M. D. or other) MD

Address Green City, Mo Date signed 10/20/48

RECEIVED  
District Health Officer No. 10  
District File Number 10 48-1820  
Date Filed OCT 25 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.....

Carl R. Kent....., Registered Apprentice No. 243  
working under my personal supervision.

Signed Archie W Wade.....

Licensed Embalmer No. 3037.....

P. O. Address Green City, 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.