

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

300
-47
-39
3906

FILED DEC 14 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. W. R. (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Atta Gordon Watts

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-16-1254

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lena Watts

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 8 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad agent

11. Industry or business Railroad

12. Name Thomas Watts

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma Gustaf

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

16. (a) Informant Mrs. Lena Watts

(b) Address De Soto, Mo.

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem. Farmington, Mo.

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

(b) Address Farmington, Mo.

19. (a) DEC 3 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1948 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from 10:32 AM
_____ 19____, to Nov 30 1948

that I last saw him alive on Nov 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Circumstances

Due to Ca of Surg. Primary

Due to _____

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

Major findings: Of operations H7
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Winifred A. [unclear] (M. D. _____)

Address De Soto, Mo. Date signed 11/30/48

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

Paul Regal

Licensed Embalmer No.

470

P. O. Address

Pennington, Va

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.