

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39623
Registrar's No. 65

FILED JAN 6 1949

Registration District No. 70

Primary Registration District No. 5277

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

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution Grant Sp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 99

(c) City or town Granger Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Power Watson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 30 1948 to Dec 25 1948 that I last saw him alive on Dec 25 1948 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Ruth Helena Johnson years _____

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

7. Birth date of deceased J. Kelly 17 1862
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia aduff. Duration _____

Due to Cardio Renal Disease 2 yrs.

Due to _____

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

8. AGE: Years 86 Months 5 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John Watson 4

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

14. Maiden name Margaret Mc Donald

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

16. (a) Informant Mrs. Fatus Kelly

(b) Address Granger Missouri

17. (a) Burial (Burial, cremation, or removal) Black Oak Cemetery (b) Date thereof Dec 28, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Black Oak Cemetery

18. (a) Signature of funeral director Walter W. Lewis

(b) Address Kennett Mo.

19. (a) 12/21-48 (Date received local registrar) (b) J. Kelly (Registrar's signature)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy 1310

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? 0

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

23. Signature E. E. Roberts (M. D. or other) MD

Address Granger, Mo. Date signed 1/29/49

RECEIVED

District Health Officer No. 10

District File Number 1-49-26

Date Filed JAN 4 1949

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 Otto L. Lutting

Licensed Embalmer No. 2965

P. O. Address. urray

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.