FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 23 1948

Registration District No. 333

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 42174

Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County: Scott

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Scott 100

(c) City or town: Sikeston, ~~Mo.~~ 5
(If outside city or town limits, write "RURAL") 2

(d) Street No. 218 Johnson St. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: Edward Lee Watkins

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Hazel Watkins.

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

7. Birth date of deceased: June (Month) 14 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	25	..... hr. ..... min.

9. Birthplace: Ardelia, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: State Highway Dept. Employee

11. Industry or business: State

FATHER
12. Name: James Watkins
13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Hazel Watkins
(b) Address: Sikeston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Taylor Funeral Home
(b) Address: Sikeston, Missouri.

19. (a) 12-20-48 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature) 3275

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 1945 — 19 — to 12-9-48 19 ;
that I last saw him alive on 12-9-48 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? — (e) Means of injury 0

23. Signature: E. D. Urban (M. D. or other) M. D.
Address: Sikeston, Mo Date signed 12-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 12-48-1698
Date Filed 12-22-48

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 G. E. McMillie Registered Apprentice No. 251 working under my personal supervision.

Signed James Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.