

FILED JAN 18 1949

Registration District No. 376

Primary Registration District No. 3059

Registrar's No. 396

1. PLACE OF DEATH

(a) County St. Francis, Mo  
 (b) City or town Bonne Terre, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bonne Terre Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community years \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
 (c) City or town Flat River, Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fannie Alberta Watts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife J. W. Watts 6. (c) Age of husband or wife 70 years  
 7. Birth date of deceased March 12, 1878  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace near Marquand, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James C. Miller

13. Birthplace near Marquand, Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Julia Dinning

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

16. (a) Informant J. W. Watts

(b) Address Flat River, Mo

17. (a) Burial (b) Date thereof Dec 15, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Eastern Cemetery, Baldwin Butte

18. (a) Signature of funeral director F. Flat River, Mo  
 (b) Address \_\_\_\_\_

19. (a) 12-17-48 (b) Ethel Reddick  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13<sup>th</sup> day Dec  
 year 1948 hour 5 AM M.  
 21. I hereby certify that I attended the deceased from NOV 21  
 1948 to 13 Dec 1948  
 that I last saw her alive on 13 Dec 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death pulmonary embolism Duration \_\_\_\_\_

Due to 8/16  
 Due to 2/10

Other conditions (Include pregnancy within 3 months of death) 18

Major findings: Of operations 10/22  
 Of autopsy 11/21

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) Auto accident  
Frederick & White, Rt. Marquand  
 (b) Date of occurrence NOV 21, 48  
 (c) Where did injury occur? Frederick & Marquand, MO  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 61 (Specify type of place)  
 While at work? (c) Means of injury Auto  
 23. Signature Ed Hopkins (M. D. or other) MD  
 Address Flat River, Mo Date signed 11-13-48

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

MOTHER, FATHER

RECEIVED

Officer No. 4  
149-100  
1-17-49

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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 W.A. Baldwin  
Licensed Embalmer No. 3317  
P. O. Address Flat River

**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.**