

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3722

BIRTH NO. 48-19467 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 100 Washington, Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 100 Washington St			

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) Edward	c. (Last) Watson	4. DATE OF DEATH (Month) (Day) (Year) Jan, 4 1949
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Oct, 27 1948	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 7	Hours -	Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sikeston, Scott Co., Mo.,	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wallace Watson	13b. MOTHER'S MAIDEN NAME Anna Lester	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Anna Lester	ADDRESS 100 Washington St. Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Suffocation, Bed Clothes		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		e.g. 4-0 18 10	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE accident (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Scott Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan-4-49 6 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? suffocation Home - 100 WASHINGTON ST
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22. I hereby certify that I attended the deceased from **Called After Death 1-4-19-49**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Lloyd Pop. 3 (Degree or title) Coroner Sikeston, Mo.	23b. ADDRESS	23c. DATE SIGNED Jan 4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-5-49	24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	24d. LOCATION (City, town, or county) (State) Sikeston, Missouri
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DATE REC'D BY LOCAL REG. Jan-5-1949	REGISTRAR'S SIGNATURE Mrs. T. F. Henry	303	25. FUNERAL DIRECTOR'S SIGNATURE Free...	ADDRESS 1212 Maud St. Sikeston Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Office No

District File Number 149

Date Filed 1-13-

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Fred J. Smith

Signed _____

Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Sikeston 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.