

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4129

BIRTH NO. _____		REG. DIST. - NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 242	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 46 years.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Mo. Meth. Hosp. in Ambulance.				d. STREET ADDRESS (If rural, give location) 2627 Frederick Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) William Waddill		b. (Middle)		c. (Last) Watkins		4. DATE OF DEATH (Month) (Day) (Year) February 26, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 21, 1889	
9. AGE (In years last birthday) 59		10. KIND OF BUSINESS OR INDUSTRY U.S. Rent Control Bd.		11. BIRTHPLACE (State or foreign country) Eureka Springs, Ark.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Ozbert Watkins		13b. MOTHER'S MAIDEN NAME Mammie Barkley		14. NAME OF HUSBAND OR WIFE Louise Hax Watkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-18-3507		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise H. Watkins			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) Man died suddenly without previous symptoms of serious illness until he was struck by a severe pain in his chest and right arm, about two hours before he died.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Chest and right arm, about two hours before he died				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 26, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Munday (Degree or title) M.D.				23b. ADDRESS St. Joseph, Mo. 404 So 3d St		23c. DATE SIGNED 2-28-48	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Mar. 2, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins 382		FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer		ADDRESS 1946 Colhoun St. St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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, \*\*\*\*\*

\*\*\*\*\*

Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Signed

*Raymond H. Meehan*

Signed.....  
Student Embalmer

\*\*\*\*\*  
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.