

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9516**

No. 300
10-48

822

BIRTH NO.		REG. DIST. NO. 278	PRIMARY REG. DIST. NO. 3054	Registrar's No. 28
1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		
d. FULL NAME OF HOSPITAL OR INSTITUTION "A" Street		d. STREET ADDRESS (If rural, give location) "A" Street.		
3. NAME OF DECEASED (Type or Print) JEANETIA		a. (First)	b. (Middle)	c. (Last) WATSON
4. DATE OF DEATH March 23 1949				
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3/15/1876	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Schoolteacher		10b. KIND OF BUSINESS OR INDUSTRY Schools, Public	11. BIRTHPLACE (State or foreign country) Pike co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Granville Watson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna McGinnis Louisiana Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy 3 3/4 x		INTERVAL BETWEEN ONSET AND DEATH few hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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 March, 1948 , to 3-23, 1949 , that I last saw the deceased alive on 3-23, 1949 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE J. R. Robinson MD		23b. ADDRESS Louisiana, Mo		23c. DATE SIGNED 3-25-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/25/49	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) Louisiana Mo	
DATE REC'D BY LOCAL REG. 3/25/49	REGISTRAR'S SIGNATURE Bernice Collier	374	25. FUNERAL DIRECTOR'S SIGNATURE GARNER & STERNE LOUISIANA MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 4-49-570

Date Filed APR 1 - 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Harold Turner

Signed _____
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.