

BIRTH NO. 47407-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 10229

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>2 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0111
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6626 Sherman St.</u>			d. STREET ADDRESS (If rural, give location) <u>6626 Sherman St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u>		b. (Middle)	c. (Last) <u>WATTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 3 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9-3-1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hallie Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Ball</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hallie Watts, 6626 Sherman St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth (Six Months)</u>	DUE TO (b) Cause unknown for Premature birth.				<u>2 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				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) (Min)	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 <u>Sept. 3, 1950</u> , to <u>Sept. 3, 1950</u> , that I last saw the deceased alive on <u>Sept. 3, 1950</u> , and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J.R. Elliott M.D.</u>		23b. ADDRESS <u>801 1/2 Francis St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9-5-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 12, 1950</u>	REGISTRAR'S SIGNATURE <u>Lo. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Rupp, St. Joseph, Mo.</u>		

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 \_\_\_\_\_

*body was not embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*John E. Papp*

Licensed Embalmer No. *3986*

Signed \_\_\_\_\_  
Student Embalmer

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.