

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38676
Do not use this space.

REC'D DEC 13 1938

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 2
 (b) Township WASHINGTON Primary Registration District No. 1001
 (c) City ST. JOSEPH (d) Street No. 2027 JONES St.
 (e) Length of residence in city or town where death occurred 54 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDNA BELLE WATSON

(a) Residence, No. 2027 JONES St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LLOYD WATSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 30TH, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 0 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FLORIST
 9. Industry or business in which work was done, as saw mill, bank, etc. MYERS-WATSON FLORAL CO.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH (STATE OR COUNTRY) MO.

FATHER 13. NAME EDMOND V. MYERS
 14. BIRTHPLACE (CITY OR TOWN) BLUFFVILLE, (STATE OR COUNTRY) ILL.

MOTHER 15. MAIDEN NAME MARTHA BELLE CLARK
 16. BIRTHPLACE (CITY OR TOWN) MAYSVILLE, (STATE OR COUNTRY) MO.

17. INFORMANT MYERS WATSON (ADDRESS) 2027 JONES ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM DATE NOV. 28TH, 1938

19. FUNERAL DIRECTOR ELEEMAN & SON INC. (ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Nov 31 1938 J. J. Nestlebrook E.T. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 26TH, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 26, 1938
 I last saw him ER alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 6:15 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung Rt. Date of onset 2-1-38

Other contributory causes of importance: H7

Name of operation wound Date of
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) H. W. Kearny M. D.
 (Address) St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

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.)