

Registration District No. 367

Primary Registration District No. 803

1. PLACE OF DEATH: New Madrid  
 (a) County New Madrid  
 (b) City or town Rural  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 28 yrs.  
 years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County New Madrid Co.  
 (c) City or town Rural  
 (d) Street No. Smiles North West of East Prairie  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME OPAL BEATRICE WATSON

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Percy Watson 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May 5, 1910  
(Month) (Day) (Year)

8. AGE: Years 29 Months 5 Days 27 If less than one day  
 hr. min.

9. Birthplace Mississippi, Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Keeping house

11. Industry or business \_\_\_\_\_

12. Name William Arthur Wybark

13. Birthplace Marble Hill Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Graves

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Maudie Wybark

(b) Address Matthews, Mo.

17. (a) Burial (b) Date thereof 11/7/1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Edward Shelly

(b) Address East Prairie, Mo.

19. (a) Dec 22-1939 (b) Mrs. Wm. Dodge  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1939 hour 3 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death FROM RECORD  
NO MEDICAL ATTENTION  
LAST 2 MONTHS

Due to Pulmonary Tuberculosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 2 in

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Ed Richards & Coopers (M. D. or other) \_\_\_\_\_

Address New Madrid, Mo Date signed 12-2-39

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

Rev. 5-17-39  
FORM 1-1939

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**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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed Francis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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, above space should be left blank.**