

Registration District No. 638

Primary Registration District No. 3028

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Madison 2
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lurancy Isabelle Watts 37.5
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Napoleon B Watts
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 26 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 15
If less than one day _____ hr _____ min.

9. Birthplace Marquand Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John S R Whitener
13. Birthplace Marquand Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bass
15. Birthplace Marquand Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs E E Parkin
(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof Jan 13 '40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Christian Ch. Fredericktown

18. (a) Signature of funeral director Ed W Webb
(b) Address Fredericktown Mo

19. (a) Jan 13-1940 (b) B. C. Slaughter
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 11
Year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 4
to Jan 11
that I last saw her alive on Jan 11
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke pneumonia Duration 4da
Due to Peritonitis secondary 4 days

Due to Fractured ribs

Other conditions Fractured ribs
(include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy no 17.20

PHYSICIAN
Underline the cause to which death should be charged statistically

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 _____

23. Signature Walter P. Keck (M. D. issuing) WES
Address 1527. New St. Date signed Jan 12-1940

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

Rev. 5-17-39 1 X1931

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myron A. LaPee....., Registered Apprentice No.....
working under my personal supervision.

Signed *Myron A. LaPee*.....
Licensed Embalmer No. *4025*.....
P. O. Address *Fredricktown*.....

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.