No. 2
11-10-39
5-17-39
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FILED MAY 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15498

Registration District No. 566 | Primary Registration District No. 3636 | Registrar's No. 57

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

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charlston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213 Cleveland St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: greater part of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Charleston, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 213 Cleveland St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Jefferson Davis Watts 320
3. (b) If veteran, name war: X X X
3. (c) Social Security No.: X X X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Sadie Watts
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Feb. (Month) 14 (Day) 1861 (Year)
8. AGE: Years 79 | Months 1 | Days 29 | If less than one day ____ hr. ____ min.
9. Birthplace: Uniontown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Farming
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Miss. Mary Lee Simpson
(b) Address: Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Charleston, Mo.
18. (a) Signature of funeral director: Lair-Nunnelee Service
(b) Address: Charleston, Mo.
19. (a) 4-16-40 (Date received local registrar) (b) F D Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th. year 1940 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Apr. 6, 1940, to Apr. 13, 1940, that I last saw him alive on Apr. 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	15 min
Due to: Chronic myocarditis	3 months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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

23. Signature: William L. Davis (M. D. or other) MD
Address: Charleston, Mo. Date signed 4-15-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 540-97
Date Filed 5/2/40

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 John F. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, M

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.