No. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38884

FILED DEC 10 1940

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community 41 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Galena (If outside city or town limits, write "RURAL")
(d) Street No. Route #1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wayman Loyd Watson
3. (b) If veteran, name war ✓
3. (c) Social Security No. 513-10-8896

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Watson
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Aug (Month) 19 (Day) 1899 (Year)

8. AGE: Years 41 Months 3 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Galena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation W. P. A.
11. Industry or business
FATHER
12. Name Carry Watson
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Ella Handy
15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Carry Watson
(b) Address Galena Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 29 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Galena, Ks.
18. (a) Signature of funeral director Boyd Und Co
(b) Address Galena, Ks.
19. (a) 11-30-40 (Date received local registrar) (b) E D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1940 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from 11-29-40, 19__, to 11-29-40 19__; that I last saw him alive on 11-29-40 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured skull & masseration of brain	1½ hr.
Due to Accident - Fell out of car on head	11-29-40
Due to	
Other conditions (Include pregnancy within 3 months of death) 210 m 28	
Major findings: Of operations	
Of autopsy	

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) Fell out of car
(b) Date of occurrence 11-29-40
(c) Where did injury occur? Near Baxter Springs (City or town) (County) Kns (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway (Specify type of place)
While at work? on way from work (e) Means of injury
23. Signature B Phil Lor (M. D. or other)
Address Joplin Mo Date signed 11-30-40

(Licensed Embalmer's Statement on Reverse Side)

40-12-685

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.