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K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39191

Registration District No. 538 Primary Registration District No. 8723 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown St Michael
(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 years, months or days)
In this community always 2

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown St Michael
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN RICHARD WATTS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Nora Watts
6. (c) Age of ~~husband or~~ wife if alive 60 years
7. Birth date of deceased March (Month) 10 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	5	hr. min.

9. Birthplace Madison County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Newton Watts
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Anna Sunford
15. Birthplace Madison County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Nora Watts
(b) Address Fredericktown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mine La Motte Cemetery
18. (a) Signature of funeral director Stanley H. Kipp
(b) Address Fredericktown, Mo.
19. (a) Nov 16-1940 (Date received local registrar) (b) S. C. Slaughter By E. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1940 hour 10; minute P.M.
21. I hereby certify that I attended the deceased from May 17, 1933, 19..., to Nov. 15, 1940; that I last saw him alive on Nov. 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy with occasional recurrent attacks — Duration 7 yrs
Due to Arteriosclerosis
Due to 42 yr
Other conditions (Include pregnancy within 3 months of death)
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)
(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 E. E. Higdon (M. D. or other)
Address Fredericktown, Mo Date signed Nov. 16 '40.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Stanley H. Dixon, Registered Apprentice No. 214 working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown M

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

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