

S. No. 2
4-13-40
5-17-39
X23159

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. **17753**

Registration District No. **297**

Primary Registration District No. **3016**

Registrar's No. **44**

1. PLACE OF DEATH

(a) County **Franklin**
(b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Bernhard Ave. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No.** (Specify whether)
In this community **67 yrs.**
years, months or days

3. (a) PRINT FULL NAME **OSWALD FREDERICK WATERMANN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Males** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Watermann** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **August 23 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **13** If less than one day hr. min.

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

10. Usual occupation **Proprietor**

11. Industry or business **Restaurant**

12. Name **Henry A. Watermann**

13. Birthplace **Unknown, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Christiana Watermann**

15. Birthplace **Unknown, Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alma Watermann**

(b) Address **Bernhard Ave., Washington, Mo.**

17. (a) **Burial** (b) Date thereof **May 8, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Heber & Witt, Inc.**

(b) Address **Washington, Missouri, 1111 N. 11th St.**

19. (a) **May 7, 1941** (b) **H. A. May**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Washington**
(If outside city or town limits, write "RURAL")
(d) Street No. **Bernhard Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6th**
year **1941** hour **9** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Nov 27**
19**40**, to **May 6**, 19**41**;
that I last saw him alive on **May 5**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver** Duration **6 mon.**

Due to **—**

Due to **—**

Other conditions **none**
(Include pregnancy within 3 months of death)

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? **—**

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

23. Signature **B. E. Mankert** (M. D. or other **M.D.**)

Address **Washington, Mo.** Date signed **5-7-41**

(Licensed Embalmer's Statement on Reverse Side)

B. E. Mankert

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 Me

Lester H. Vitt, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.