

FILED JUL 25 1941

Registration District No. 601 Primary Registration District No. 5108

1. PLACE OF DEATH:

(a) County *BOLLINGER*
(b) City or town *STURDIVANT, Mo*
(c) Name of hospital or institution: *none*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *73 YEARS*
In this community *73 YEARS*
(Specify whether years, months or days)

3. (a) PRINT FULL NAME *ABBFRIERSON WATKINS*

3. (b) If veteran, name war *—* 3. (c) Social Security No. *—*

4. Sex *M.* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *married*
6. (b) Name of husband or wife *NANCY WATKINS* 6. (c) Age of husband or wife if alive *73* years
7. Birth date of deceased *Dec 7, 1860*
(Month) (Day) (Year)

8. AGE: Years *80* Months Days If less than one day
hr. min.

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

10. Usual occupation *FARMER*

11. Industry or business

MOTHER FATHER { 12. Name *UNKNOWN*
13. Birthplace *UNKNOWN* (City, town, or county) (State or foreign country)
14. Maiden name *UNKNOWN*
15. Birthplace *UNKNOWN* (City, town, or county) (State or foreign country)

16. (a) Informant *Nancy Leatten*
(b) Address *Sturdivant, Mo.*

17. (a) *Burial* (b) Date thereof *April 7, 41*
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation *CATO Cemetery*

18. (a) Signature of funeral director *Edwin Eelen*
(b) Address *Sturdivant, Mo.*

19. (a) *7-22-41* (b) *Mrs. John Berry*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Bollinger*
(c) City or town *Sturdivant, Mo.*
(If outside city or town limits, write "RURAL")
(d) Street No. *0*
(If rural, give location)
(e) If foreign born, how long in U. S. A? *—* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *6* day *April*
year *1941* hour *4* minute *P* M.
21. I hereby certify that I attended the deceased from *1938*
to April 6, 1941
that I last saw him alive on *April 6, 1941*
and that death occurred on the date and hour stated above.
Immediate cause of death *Senility*

Due to *Senility*
Due to *Senility*
Other conditions *Senility*
(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?

While at work? (Specify type of place) (e) Means of injury *2*
23. Signature *E. C. Mustus* (M. D. or other) *40*
Address *Advocate, Mo.* Date signed *—*

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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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.