No. 2
1-4-41
17-39
X26390

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

FILED JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22930

Registration District No. 852 Primary Registration District No. 4518 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan, 105
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Eliz. Watkins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Wm. Jefferson Watkins

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 18, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	3	hr. min.

9. Birthplace Mauch Chunk, Penn (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name George Crummer
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Hill
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie Bartimus
(b) Address Milan, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bairdstown Cem Milan, Mo

18. (a) Signature of funeral director Schoenes
(b) Address Milan, Mo

19. (a) July 2, 1941 (Received local registrar) Cleo Hagan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour 12 minute 05 a. M.

21. I hereby certify that I attended the deceased from June 18, 1941, to June 21, 1941, that I last saw her alive on June 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia R.	6-17-41
Due to Influenza	6-7-41
Due to	
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? 769 (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Ed Simpson (M. D. or other) D.O.
Address Milan, Mo Date signed 6-30-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1238
Date Filed JUL 10 1941

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 Frank D. Schoene, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, 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.