

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 486

Primary Registration District No. 4293

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: LINCOLN  
(b) City or town: Elsberry  
(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  
In this community: Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lincoln  
(c) City or town: Elsberry  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME: Morris Ferry Watson  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 3 minute 0 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Gene McDonald Watson 6. (c) Age of husband or wife if alive: 35 years  
7. Birth date of deceased: September 19 - 1900  
(Month) (Day) (Year)

Immediate cause of death: accident possibly by electrocution

8. AGE: Years Months Days If less than one day  
40 10 4 hr. min.

Due to: working at plumbing or wiring construction  
Due to: wire or lightning  
Other conditions: jury verdict  
(Include pregnancy within 9 months of death)

9. Birthplace: Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: no

10. Usual occupation: Laborer

11. Industry or business: \_\_\_\_\_

MOTHER FATHER  
12. Name: William Watson  
13. Birthplace: Lincoln Co Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name: Ada Morris  
15. Birthplace: Lincoln Co Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): forbidden by  
(b) Date of occurrence: July 23, 1941 Electrocution  
(c) Where did injury occur?: at Elsberry  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at residence under construction  
While at work? yes (Specify type of place) (c) Means of injury

16. (a) Informant's own signature: William Watson  
(b) Address: Elsberry Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25, 41  
(Month) (Day) (Year)  
(c) Place: burial or cremation: Elsberry Cem.

23. Signature: M. P. Riddle (M. D. or other) Address: Troy Mo Date signed: 7/29/41

18. (a) Signature of funeral director: Clifton Miller  
(b) Address: Elsberry Missouri  
19. (a) July 26, 41 (b) C. W. Rameal  
(Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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

July 23, 1941, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clifton Miller  
Licensed Embalmer No. 3364  
P. O. Address Elsherry, Miss

**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, above space should be left blank.**