

FILED SEP 15 1941

Registration District No. _____

Primary Registration District No. 5440

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

1. PLACE OF DEATH: **GREENE**

(a) County: GREENE

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

(c) Name of hospital or institution: Route 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME: Mary Frances Watson

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

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife: Jesse Watson 6. (c) Age of husband or wife if alive: Dec years

7. Birth date of deceased: July 2, 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace: Monroe County West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation: In Home

11. Industry or business: _____

12. Name: Unknown

13. Birthplace: Unknown 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: Mrs. Blanche Dewhirst

(b) Address: Springfield, Missouri

17. (a) Burial (b) Date thereof: 8/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Seymour, Missouri

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 8-27-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 039

(c) City or town: Springfield, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1941 hour 8 minute AM

21. I hereby certify that I attended the deceased from August 20, 1941, to Aug 25, 1941;
that I last saw her alive on Aug 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: _____

Coronary artery occlusion by

Coronary artery disease?

Arterio-sclerosis?

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration

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? _____ (Specify type of place)

23. Signature: Arthur K. ... MD (M. D. or other) MD

Address: 450 1/2 E. ... Date signed: 8/25/41

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 *Raymond Linkle*

Licensed Embalmer No. *34447*

P. O. Address *Springfield*

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.