

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3099

State File No.

35741

Registrar's No.

300

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
412 East Saline
(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 Lewis Cameron Watson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie G. Watson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 19 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Vetesburg Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Not Employed

11. Industry or business _____

MOTHER FATHER { 12. Name Benton Watson
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Belle McCoy
15. Birthplace Morgan, Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.C. Watson
(b) Address 412 East Saline Sedalia, Mo.

17. (a) Burial (b) Date thereof 10-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 10-11-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 412 East Saline
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1941 hour 5 minute 10 a.m.

21. I hereby certify that I attended the deceased from Sept. 10
1941, to Oct 11, 1941
that I last saw him alive on October 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 hrs

Due to arteriosclerosis

Due to _____

Other conditions Simple diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none made

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) No
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature [Signature] (M. Emballer)
Address Sedalia, Mo. Date signed Oct 11 1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
11-7-41
Date Filed

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.....

L. E. Bonalton

Licensed Embalmer No. *3867*

P.O. Address.....

Sedalia, 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.