

FILED FEB 18 1942

Registration District No. 306

Primary Registration District No. 5-671

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Kimberly Rural District
(b) City or town _____
(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 _____ (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Kimberly
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John David Watson

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 Widowed
6. (b) Name of husband or wife Fred Watson
6. (c) Age of husband or wife if alive _____ years _____ months _____ days
7. Birth date of deceased Mar 28 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name John Watson
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Betsy McElhattan
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Judgement

(b) Address St. Catherine MO

17. (a) Burial (b) Date thereof Jan 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmer MO

18. (a) Signature of funeral director W. H. Collins

(b) Address South Lifford MO

19. (a) Jan 31 1942 (b) Berinda Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1942 hour 8 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from January 9
1942 to January 28 1942
that I last saw him alive on January 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Prostatic Hypertrophy with
Due to Chronic Nephritis and Cystitis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 137a
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 Fall
23. Signature W. H. Collins (M. D. or other) _____
Address Purdin, MO Date signed 1-30-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

W. H. McCallum

Licensed Embalmer No.

2057

P. O. Address

South Buffalo

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.