

FILED MAR 27 1942
Registration District No. _____

Primary Registration District No. 6001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town O'FALLON RURAL
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME MRS. SUSAN WATHEN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife T.B. WATHEN II 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 26 1876
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name RAPIER
13. Birthplace KENTUCKY
14. Maiden name BORNE
15. Birthplace KENTUCKY

16. (a) Informant MISS JULIA WATHEN
(b) Address O'FALLON MO R 3

17. (a) BURIAL (b) Date thereof FEB 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL MO

18. (a) Signature of funeral director E.A. KELTLY
(b) Address O'FALLON MO

19. (a) 2/5/42 (b) Gertude S. Ferrell
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES
(c) City or town O'FALLON RURAL
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 30
year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from July 1937 to Jan 1942
that I last saw her alive on Jan 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 10 yrs

Due to Old age
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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?

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Nicholas Houch (M. D. or other) V
Address O'Fallon, Mo Date signed 1/31/42

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

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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 _____

Ed Kaitely

Licensed Embalmer No. _____

872

P. O. Address _____

O'Fallon 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, above space should be left blank.