

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11598

State File No.

Registration District No. 668

Primary Registration District No. 5889

Registrar's No. 99

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:
Route 4-- 2 Miles/North east of Sedalia
 (If not in hospital or institution, write street number or name)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 29 years
 years, months or days)

3. (a) PRINT
FULL NAMECharles Watson

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Edith G. Watson
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased March 4, 1874
 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 0
 If less than one day
 hr. min.

9. Birthplace Cooper County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James A. Watson
 13. Birthplace unknown Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Jefferies
 15. Birthplace Cooper County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Watson
 (b) Address Rt. 4, Sedalia, Mo.

17. (a) Burial (b) Date thereof March 7, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Alvane Ewing
 (b) Address Sedalia, Missouri
 19. (a) 3/6/42 (b) Mrs. Anna Burger
 (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. Route 4, -- 2 miles north east of Sedalia
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
 year 1942 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from August, 1941 to March 4, 1942
 that I last saw him alive on March 4
 and that death occurred on the date and hour stated above.

Immediate cause of death

Uremic ComaDue to Cardiac Hypertrophy

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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, or in public place?
Alfred's Mother
 (Specify type of place) (e) Means of injury _____
 While at work? _____

23. Signature Alfred's Mother (M. D. or other) 3-6-42
 Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-10-42

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 _____

Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Bedford 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113-98

Registration District No. 668

Primary Registration District No. 5889

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(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

Charles 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 m

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day,
_____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1942 hour 9 minute 38 P.M.

21. I hereby certify that _____ attended the deceased from _____

that I have seen him _____ live on _____, 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

11598