

FILED APR 17 1942 726

Registration District No.

Primary Registration District No. 5957

Registrar's No.

1. PLACE OF DEATH

(a) County Rolls Co
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spencer Sup
(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

Geo. Watson

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Male

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Hettie

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

7

(Month)

4

(Day)

1961

(Year)

8. AGE:

Years

Months

Days

If less than one day

70

6

23

hr.

min.

9. Birthplace

Palmira Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Suburban

11. Industry or business

MOTHER FATHER

12. Name

Geo Watson

13. Birthplace

Mo

(State or foreign country)

14. Maiden name

Mr. Queen

(State or foreign country)

15. Birthplace

9

(State or foreign country)

16. (a) Informant

Hettie Watson

(b) Address

New London

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

3-29-42

(c) Place: burial or cremation

New London

18. (a) Signature of funeral director

Geo E Roberts

(b) Address

Hammer Mo

19. (a)

(Date received local registrar)

(b)

RS Roberts

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1942 hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from Jan 20 1942 to March 7 1942
that I last saw him alive on March 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
failure Duration _____

Due to aged and diseased
heart

Due to Chronic interstitial nephritis
Other conditions (include pregnancy within 3 months of death) _____

Major findings:

Of operations None

Of autopsy None

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)

(e) Means of injury _____

23. Signature

Thos. A. Moore (M. D. or other)

Address New London

Date signed 3-29-42

RECEIVED

District Health Officer No. 10

District File Number 4-16-831

Date Filed APR 16 1942

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.....

Geo E Roberts

Licensed Embalmer No.....

2113

P. O. Address.....

Hannibal 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.