

FILED APR 7 1942
Registration District No. 61

Primary Registration District No. 4456

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Appleton City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home in Appleton City (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME PAULINE M. WATTS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lars A Watts 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased mar 4 1898 (Month) (Day) (Year)

8. AGE: Years 44 Months ++ Days 12 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER { 12. Name Martin Lueker

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

14. Maiden name Margaret Kinchen

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

16. (a) Informant L M Watts

(b) Address Appleton City mo

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

(c) Place: burial or cremation Boonville mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City mo

19. (a) mar 16 42 (b) Allyce Davidson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St Clair

(c) City or town Appleton City (If outside city or town limits, write "RURAL")

(d) Street No. 73 (If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from July 1 1925 to Mar 15 1942

that I last saw her alive on March 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Edema of lungs

Heart failure

Due to Uremia (renal)

Hypertension Malena

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318

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) (e) Means of injury

23. Signature R L Jensen (M. D. or other) MD

Address Appleton City Date signed 2-18-42

APR 13 1942

SEP 16 1955

RECEIVED

District Health Officer No. 7,

District File Number 4-42-293

Date Filed 4-6-42

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 *Mr*
on the 15th day of Mar 1942, Registered Apprentice No. _____
working under my personal supervision.

Signed *Frank Lu*

Licensed Embalmer No. 1099

P. O. Address Wapakoneta City, Ohio

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.