. No. 2
—1-4-41
5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15611

FILED MAY 11 1942

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 985

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery

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

(d) Street No. unknown (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Watkins

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male

5. Color or race colored

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

6. (b) Name of husband or wife Amanda Lane

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

7. Birth date of deceased 1866 ? (Month) ? (Day) ? (Year)

8. AGE: Years 76 ? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER 12. Name I. W. Richmond Watkins

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

MOTHER 14. Maiden name unknown unknown

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

16. (a) Informant James Watkins Jr.

(b) Address Jo. Kirkwood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington, PK

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Fuller, Gene

19. (a) MAY 4 - 1942 (Date received local registrar) (b) E. J. McGanaghan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 7 minute 55 p. M.

21. I hereby certify that I attended the deceased from 4-17-42, 19..., to 4-18-42, 19...; that I last saw him alive on 4-18-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	7 days
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerotic heart dis.	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury 11

23. Signature B. Barb (M. D. or other)

Address Co Hosp Date signed

107 (Licensed Embalmer's Statement on Reverse Side)

AUG 25 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.