

FILED JUN 18 1942

Registration District No. 316

Primary Registration District No. 5682

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Wheeling Rural Wheeling Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community 70 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Wheeling Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 2  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1942 hour 7:50 minute P.M.  
21. I hereby certify that I attended the deceased from May 21  
19 42 to May 23, 1942  
that I last saw him alive on May 23  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Duration 3 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Hypertensive Pneumonia 3 day  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. B. Williams (M. D. or other)  
Address Chillicothe, Mo Date signed 5/24/42

3. (a) PRINT FULL NAME Emery David Watson  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed 2  
6. (b) Name of husband or wife Via Dora E. Watson  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased August 9 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wheeling West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry David Watson

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

14. Maiden name Mary Edgell

15. Birthplace Wheeling West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Watson

(b) Address Wheeling Mo

17. (a) Burial (b) Date thereof May 25 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo

19. (a) May 22 (b) Jeanette Switzer  
(Date received local registrar) (Registrar's Signature)

1004 (Licensed Embalmer's Statement on Reverse Side)

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

No. 2  
4-5  
17-  
390

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.....  
*Frank L. Smiley*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Frank L. Smiley*

Licensed Embalmer No.....  
*457*

P. O. Address.....  
*Wheeling*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18408

Registration District No. 516

Primary Registration District No. 5682

Registrar's No. ....

1. PLACE OF DEATH: Livingston  
 (a) County.....  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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)

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.....

3. (a) PRINT FULL NAME Emery L. Watson  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 25  
 year 1942 hour..... minute..... M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from..... 19.....  
 that I last saw him..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

7. Birth date of deceased: Aug 9  
 (Month) (Day) (Year)  
 8. AGE: Years 73 Months 9 Days 10 If less than one day..... min.

Immediate cause of death: Hypostatic Pneumonia  
Bronchial pneumonia

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) (Place: burial or cremation.....)

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b)..... (Registrar's signature)

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, in public place?  
 (Specify type of place) While at work?..... (z) Means of injury.....

23. Signature R. Brennan (M. D. or other).....  
 Address Chillicothe, Mo Date signed 7/10/42

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

