

FILED JUN 19 1942

Registration District No. **836**

Primary Registration District No. **6100**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Rural**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **one year**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard, 03**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Larry Dean Watson**

3. (b) If veteran, name war **1** 3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **1** 6. (c) Age of husband or wife if alive **1** years

7. Birth date of deceased **May 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Two no 12 hr. min.

9. Birthplace **Parma Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **1**

11. Industry or business **1**

MOTHER FATHER { 12. Name **Everett Watson**
13. Birthplace **Stoddard County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Nadine Wyatt**
15. Birthplace **Parma Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Fanning Watson**

(b) Address **Dexter Mo RFD # 4**

17. (a) **Burial** (b) Date thereof **May 17-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Barker Cemetery**

18. (a) Signature of funeral director **Thomas E Knight**

(b) Address **Parma Missouri**

19. (a) **5-16-42** (b) **Cordie Miller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16** year **1942** hour **3:30** minute **A** M.

21. I hereby certify that I attended the deceased from **5-7**, 1942, to **5-16**, 1942 that I last saw him alive on **5-15**, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis Thrombosis**
Due to **Tuberculosis**

Duration **unknown 9 days**

Other conditions (include pregnancy within 3 months of death) **1**

Major findings: Of operations **1**
Of autopsy **1**

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 **0**

23. Signature **Dawsey Ryan** (M. D. or other)
Bernie Date signed **5/16/42**

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

RECEIVED
District Health Office No. 2,
District File Number 642-723723
Date Filed JUN 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 not me, or by
....., Registered Apprentice No.
working under my personal supervision.

Signed Thomas C. Knight
Licensed Embalmer No. 2409
P. O. Address Parma, Missouri

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. 19210

Registration District No. 836

Primary Registration District No. 6100

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Stoddard
 (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)

3. (a) PRINT FULL NAME Larry L. 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 s
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 4 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months - Days 0
(If less than one day min.)

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

10. Usual occupation _____
 11. Industry of business _____

MOTHER FATHER
 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (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 May day _____
 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ live on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Tuberculosis Lungs
 Due to Hereditary mother had disease when child was born
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

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 _____
 23. Signature Lawsey Ryan (M. D. or other) M.D.
 Address Bernie Mo Date signed 7/15/42

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

SUPPLEMENTARY

