

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 10 1942

Registration District No. 771

Primary Registration District No. 2002

Registrar's No. 231

49

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
St. John O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
In this community 5 Months 29 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Linda Joan Watson

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

4. Sex Fem. 1. Color or race White

5. Color or race White

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

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

7. Birth date of deceased Dec. 3, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 29 ..hr. ....min.

9. Birthplace Joplin Missouri O  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Lawrence Watson

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

14. Maiden name Lillie Thornton

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

16. (a) Informant Lawrence Watson

(b) Address East 7th Joplin Mo.

17. (a) burial (b) Date thereof 6-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Fairview cemetery

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin

19. (a) 6-3-42 (b) Gertrude Sudholter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 3220 East 7th  
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1942 hour 4 minute AM.

21. I hereby certify that I attended the deceased from 1-12, 1942, to 6-1, 1942; that I last saw her alive on 5/31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic Meningococcal Meningitis

Duration 5 mo

Due to.....

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?.....

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

23. Signature [Signature] (M. D. or other) MD

Address Joplin Mo. Date signed 6/1/42

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed F. M. Jones  
Licensed Embalmer No 2319  
P. O. Address Joplin 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.