

FILED JUL 15 1942

State File No. \_\_\_\_\_

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 92

1. PLACE OF DEATH: Nodaway  
 (a) County \_\_\_\_\_  
 (b) City or town Maryville, Mo. City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 321 So. Depot Street/  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 24 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Nodaway 74  
 (c) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 321 So. Depot St.,  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ 0 years.

3. (a) PRINT FULL NAME Virginia Etta Watkins  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 29  
 year 1942 hour 3 minute 45 P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife William S. Watkins  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased: March 14 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27, 1942, to June 27, 1942  
 that I last saw him or her alive on June 27, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 3 Days 15  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Thromboplegia with left sided paralysis  
 Due to Arteriosclerosis

9. Birthplace Platt County Mo.  
(City, town, or county) (State or foreign country)

Other conditions 838  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

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

12. Name William Standiford

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

14. Maiden name Mary Burnett

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

16. (a) Informant William S. Watkins

(b) Address Maryville, Missouri

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

(c) Place: burial or cremation Maryville, Mo.

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

(b) Address Maryville Mo.

19. (a) July 3, 1942 (b) Mary Cate  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature H. M. Wallis (M. D. or other) MD.  
 Address Maryville Mo Date signed 6-30-42

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

74  
1  
2

MOTHER FATHER

SEP 16 1942

AD 52-81-5

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**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.....

*Clem M Price*

Licensed Embalmer No.....

*1822*

P. O. Address.....

*Manville, Va*

**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.**