

FILED JUL 13 1942

Registration District No. 765

Primary Registration District No. 4460

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola Rural
(If outside city or town limits, write "RURAL" and name of township)
(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..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93
(c) City or town Osceola Rural
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME John Nelson Watt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1942 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from.....
19..... 1942
that I last saw him alive on about 3rd of June 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Gladys Watt 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 8 11 1872
(Month) (Day) (Year)

Immediate cause of death? Cancer of stomach

8. AGE: Years Months Days If less than one day
69 9 2 hr. min.

Due to.....
Due to..... 468
Other conditions None
(include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant Gladys Watt
(b) Address Osceola Moral Home
17. (a) Burial (b) Date thereof 6-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Dunkard Cemetery
18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Mo
19. (a) 7-8-42 (b) Donothy Georgen
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature E. H. Sullivan (M. D. or other).....
Address Osceola Mo Date signed 6-16-42

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

7300

RECEIVED

District Health Officer No. 71

District No. 7-42-715

Date 7-9-42

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 *Charles G. Hathaway*
Licensed Embalmer No. *4267*
P. O. Address *Oscoda, 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.