V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 378

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6286

State File No. 31672

Registrar's No. 33

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

114
0
0

1. PLACE OF DEATH:
(a) County: Wright
(b) City or town: Mtn. Grove (Rural-wood Twp)
(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 years, months or days)
In this community: Six years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Wright 114
(c) City or town: Mountain Grove (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route # 5 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME: Mrs Myrtle Watts
3. (b) If veteran, name war: .....
3. (c) Social Security No.: .....

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Perry Albert Watts
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: April (Month) 8 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
55	4	21	..... hr. ..... min.

9. Birthplace: Clyde Co (City, town, or county) Missouri 11 (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: .....

FATHER
12. Name: Robert Thompson
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Flora Coffman
15. Birthplace: Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Narcies Cyr
(b) Address: Mountain Grove Mo R.# 5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Clyde Kansas
18. (a) Signature of funeral director: George Stepp
(b) Address: Mountain Grove Mo
19. (a) 10/1/42 (Date received by local registrar) (b) Perry H. Perry (Registrar's signature)

1040 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 7/7, 1942 to 8/27, 1942 that I last saw her alive on 8/27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	5 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	

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: W. A. Craig (M. D. or other) DO.
Address: Mountain Grove Mo Date signed 8/31/42

RECEIVED
District Health Officer No. 6,
District File Number 1042-1418
Date Filed OCT 5 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 me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed: George Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn Grove 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.