

No. 2
1-4-41
5-17-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2079**
Registrar's No. **38**

JAN 21 1943
Registration District No. **24/91**

Primary Registration District No. **5347 5352**

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

1. PLACE OF DEATH:

(a) County **Dallas**
(b) City or town **Tunas Sherman**
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Mark LaFayette Watkins**

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 **M**
6. (b) Name of husband or wife **Liddia**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **9 16 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **11** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

MOTHER FATHER { 11. Industry or business _____
12. Name **Nathaniel Watkins**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **9** (City, town, or county) (State or foreign country)

16. (a) Informant **Liddia Watkins**
(b) Address **Tunas Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-1-1942** (Month) (Day) (Year)
(c) Place: burial or cremation **Hope Well Cem.**

18. (a) Signature of funeral director **L. B. Jones**
(b) Address **Duffalo Mo**

19. (a) **8/30/42** (Date received local registrar) (b) **Helen Davis** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **29**
year **1942** hour **7** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Jan 15** to **Aug 29** 19**42**
that I last saw him alive on **July 1** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Stroke** Duration **1hr**

Due to _____
Due to **stroke** 2hr

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations **131**
Of autopsy _____
PHYSICIAN _____

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 **L. B. Jones** (M. D. or other) **MD**
Address **Duffalo Mo** Date signed **8/11/42**

1089

RECEIVED

District Health Officer No. 7*

District File Number 12-42-1368

Date Filed 1-12-42

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 H. B. Jones

Licensed Embalmer No. ~~250~~ 250

P. O. Address Buffalo 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.