

FILED FEB 15 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Tann Shop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs 8 mos 43 days
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME SHERMAN WATTERSON

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 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 Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 7 7 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name W. T. Watterson
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Stella Whitehead
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof Jan 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation State Hospital Cemetery

18. (a) Signature of funeral director Allen V. Davis
(b) Address Nevada Mo

19. (a) Jan. 9, 1943 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 1943 11 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 27
_____ 1939, to Jan 7th 1943
that I last saw him alive on Jan 7th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Duration 4 days

Due to Staphylococcus

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)

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 E. S. Warwick (M. D. or other) _____
Address Nevada, Mo Date signed 1/8/43

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

MOTHER FATHER

188
00

8

RECEIVED

District Health Officer No. 71

District File Number

Date Filed

~~1-4353~~

2-4-43

1-43-69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{not embalmed} by me, or by.....

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

Signed Allen V. Karp

Licensed Embalmer No. 1968

P. O. Address Nevada 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.