

FILED APR 10 1943

Registration District No. **170**

Primary Registration District No. **5542**

Registrar's No. **91**

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **Harrisburg, Rural, Boone Town**
(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.
In this community **72 yrs I @. 18da** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**
year **1943** hour **8** minute **45** p. M.
21. I hereby certify that I attended the deceased from **July 1 - 1942**
19 to **2-17-1943** 19
that I last saw him alive on **2-17-1943** 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of Stomach
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **J. G. Gullett** (M. D. or other) **M.D.**
Address **Harrisburg, Mo.** Date signed **3-22-43**

3. (a) PRINT FULL NAME **George Watson**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Feb. 1 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 I 18 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Jim Watson**

13. Birthplace **Boone Co., Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Lily Cruthers**

15. Birthplace **Boone Co., Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Jim Watson**

(b) Address **R. F. D. Harrisburg Mo.**

17. (a) **Burial** (b) Date thereof **Mar 22 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Providence, Boone Co**

18. (a) Signature of funeral director **Joe W Burton**

(b) Address **Higbee Mo**

19. (a) **3-22-1943** (b) **Conrad H. Miller**
(Date received local registrar) (Registrar's signature)

1321

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

15
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45
9
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3

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-9-43

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 *J. B. Stanfield*

Licensed Embalmer No. 2647

P. O. Address Macon 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.