

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10873

5-17-39

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

APR 8 1943  
Registration District No. 210

Primary Registration District No. 5775

Registrar's No. 111

1. PLACE OF DEATH:  
(a) County Mercer  
(b) City or town Summerset  
(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 9 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 65  
(a) State Mo. (b) County Mercer  
(c) City or town Rural  
(d) Street No. North E. Of Ravanna, Mo.  
(e) Citizen of foreign country? No.  
If yes, name country

3. (a) PRINT FULL NAME John E. 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 Married  
6. (b) Name of husband or wife Lillie 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Oct. 9 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Watson  
13. Birthplace Ohio  
14. Maiden name Livana Oakley  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Watson  
(b) Address Powersville, Mo.

17. (a) Burial (b) Date thereof 3-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Busby

18. (a) Signature of funeral director Walter Turner  
(b) Address Powersville, Mo.  
19. (a) 3-27-43 (b) Jessie Alley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1943 hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from August 4  
1942 to Feb 24 1943;  
that I last saw him alive on Feb 24 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of the throat with metastasis to cervical and mediastinal lymphatics

Due to mediastinal lymphatics  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations H5F  
Of autopsy

Duration  
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 L. W. McDonald (M. D. or other) DO  
Address Powersville Mo. Date signed 3/24/43

**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, ~~by~~.....

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

Signed *H. Grant Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Pinebluff, Md.*.....

**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.**