

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13533**

REG. DIST. NO. **1049**

Primary Registration District No. **3000**

Registrar's No. **93**

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

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Kirkville  
 (c) Name of hospital or institution: KCO's Hospital, Kirkville, Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 In this community 4 days  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Iowa (b) County Van Buren  
 (c) City or town Stockport  
 (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 2

3. (a) PRINT FULL NAME Mr Elmer E Watson  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. non

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 4<sup>th</sup>  
 year 1943 hour 7 minute 30 AM

4. Sex male 5. Color or White race  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Martha Ann Watson  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased June 10 1872  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 30 1943 to Apr. 4 1943  
 that I last saw h.(m. alive on April 4 1943  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>09</u>	<u>24</u>	hr. _____ min.

Immediate cause of death: Internal Hemorrhage - from Carcinoma of stomach

9. Birthplace Stockport Iowa - USA  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions uremia & Streptococic Tonsillitis  
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer  
 11. Industry or business Farming

Major findings: Streptococic Tonsillitis  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

12. Name William Henry Watson  
 13. Birthplace Van Buren County Iowa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna J. Watson  
 15. Birthplace Randolph County, Indiana  
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Geo Watson  
 (b) Address Stockport, Iowa  
 17. (a) Burial (b) Date thereof April 6, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Stockport, Iowa

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) (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director DeWitt  
 (b) Address Kirkville, Mo.  
 19. (a) 4-8-43 (b) Mrs. J. W. Warner  
 (Date received local registrar) (Registrar's signature)

23. Signature Al Hardy (M. D. or other)  
 Address Kirkville Mo Date signed 4/4/43

RECEIVED  
District Health Officer No. 10  
District File Number 5-43-807  
Date Filed MAY 10 1943

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,         ,  
        , Registered Apprentice No. 4181  
working under my personal supervision.

Signed

*L. E. Riley*

Licensed Embalmer No.

4181

P.O. Address

Knicksville 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.