

Registration District No. **274**

Primary Registration District No. **5935**

Registrar's No. **195**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia - Sorinian Jung**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days** (Specify whether
In this community. **6 days** years, months or days)

3. (a) PRINT FULL NAME **Edith Louise Watson**

3. (b) If veteran, **none** name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife. ******** 6. (c) Age of husband or wife if alive. ******** years
7. Birth date of deceased **June 4, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 6 hr. min.

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

10. Usual occupation ********

11. Industry or business ********

MOTHER FATHER { 12. Name **Charles Watson**
13. Birthplace **Ridge Prairie, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Rhoda Nichols**
15. Birthplace **Syracuse, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Charles Watson (father)**
(b) Address **Route 5, Sedalia, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/12/43** (Month) (Day) (Year)
(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Duane Ewing**
(b) Address **Sedalia, Missouri**

19. (a) **6/12/43** (Date received local registrar) (b) **Mrs Anna Berger** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia** (If outside city or town limits, write "RURAL")
(d) Street No. **Route 5** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10** year **1943** hour **11:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 4, 1943** to **June 10, 1943**
that I last saw him alive on **June 10, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Due to **Premature birth (6 1/2 mos)**
Due to ********

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **159**

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)
(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 ********

23. Signature **S. Frank B. Berger** M.D. or other **MD.**
Address **Sedalia, Mo** Date signed **6/10/43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

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 _____

Duane Ewing

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.