

1. PLACE OF DEATH: Pettis
(a) County Pettis
(b) City or town La Monte Mo.
(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 40 years (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Phillip Chalbecombe Watts

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife May S. Watts 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Aug 24 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph Watts 13. Birthplace Eng. (City, town, or county) (State or foreign country)

14. Maiden name Mary Joe 15. Birthplace Eng. (City, town, or county) (State or foreign country)

16. (a) Informant Ross A. Watts (b) Address La Monte Mo.

17. (a) Burial (b) Date thereof 6-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker (b) Address La Monte Mo.

19. (a) 6-20-43 (b) Mrs Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town La Monte Mo.
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day June year 1943 hour 10 P.M. minute M.

21. I hereby certify that I attended the deceased from May 15 1943 to June 18 1943 that I last saw him alive on June 18 and that death occurred on the date and hour stated above.

Immediate cause of death Chl. Valvular Disease Duration

Due to

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?
(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 F. W. [Signature] (M. D. or other) Address La Monte Mo. Date signed June 20

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed 7-2-43

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

B. J. Carter

Licensed Embalmer No.

1592

P. O. Address

Ra W. W. W. W.

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.