

3. No. 2
4-13-40
5-17-39
X 223159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25430

FILED JUL 17 1943
Registration District No. 1

Primary Registration District No. 4296

State File No. _____

Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Browning
(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 _____ (Specify whether)
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Browning
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Binford Watson
(b) If veteran, _____ name war _____
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1943 hour 12 noon minute _____ M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Parthenie Johnson
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased November 17, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June, 1937, to June 22, 1943, that I last saw him alive on June 22, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 7 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions Cerebral protuberance
(Include pregnancy within 3 months of death)
Arteriosclerosis
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Farmer retired
11. Industry or business _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Jacob G. Watson
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Ellen Blackwood
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm. B. Watson
(b) Address Browning, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1943
(Month) (Day) (Year)

(c) Place: burial on Brook Cemetery

18. (a) Signature of funeral director William Frank D.
(b) Address W. Frank D.

While at work? _____ (Specify type of place)
(c) Means of injury _____

19. (a) July 16, 1943 (Date received local registrar) (b) Wm. C. Woolf (Registrar's signature)

23. Signature J. R. Martin (M. D. or other) M. D.
Address Browning, Mo. Date signed 7-6-43

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(Licensed Embalmer's Statement on Reverse Side)

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

Frank D. Schoen

Licensed Embalmer No.

2016

P. O. Address

Milan, 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.