

FILED SEP 10 1943

Primary Registration District No. 5-9-13-4412 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Curryville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 10 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Curryville Mo 0  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Daniel J. Watts

3. (b) If veteran, name war W.K.

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12 year 1943 hour 10 minute 30 M.

4. Sex Male 5. Color or race Colored

6. (b) Name of husband or wife W.K.

7. Birth date of deceased July 20 - 1895

21. I hereby certify that I attended the deceased from Aug 31 1943 to Aug 1 1943

that I last saw him alive on Aug 31 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>0</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Pulmonary Hemorrhage 1 day

Due to Pulmonary Tuberculosis 1 yr

9. Birthplace Pike Co - Near Louisville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm laborer

Other conditions Thyroid ecosis 13 yr

(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Jesse Watts

13. Birthplace Mar Louisville - Pike Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Docia Watts

15. Birthplace Mar Louisville - Pike Co. Mo  
(City, town, or county) (State or foreign country)

Major findings: 13 R1

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Mary Fisher

(b) Address Curryville Mo

17. (a) Burial (b) Date thereof Aug 4 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View - Lincoln Co.

18. (a) Signature of funeral director N. B. E. Emore

(b) Address Bowling Green Mo.

19. (a) Aug 28 / 43 (b) Miss Frank Jordan  
(Date received local registrar) (Registrar's signature)

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)

23. Signature J. M. Walker (M. D. or other) \_\_\_\_\_

Address Bowling Green Mo Date signed 8/12/43

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

MOTHER, FATHER

1148

RECEIVED

District Health Officer No. 10

District File Number 9-43-1438

Date Filed SEP 8 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, or by

Registered Apprentice No. 3466

working under my personal supervision.

Signed

M. B. Clinove

Licensed Embalmer No. 3466

P. O. Address

Bowling Green

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.