

LED SEP 16 1943

Registration District No. 11

Primary Registration District No. 5043

Registrar's No. 38

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Eagle Rock, Missouri**
(c) Name of hospital or institution: **None**
(d) Length of stay: **None**
In this community **About 11 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Eagle Rock, Mo.**
(d) Street No.
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Josiah Watts**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Agnes Watts** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Dec. 13 1878**

8. AGE: Years **64** Months **6** Days **4** If less than one day hr. min.

9. Birthplace **Aubrey Kansas**

10. Usual occupation **Railroader & Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Benaugh Watts**
13. Birthplace **Aubrey, Kansas**
14. Maiden name **Sarah Vaughan**
15. Birthplace **Don't Know**

16. (a) Informant **Mrs Agnes Watts**
(b) Address **Eagle Rock, Missouri**

17. (a) **Burial** (b) Date thereof **July 20 1943**
(c) Place: burial or cremation **Mt Moriah, Kansas C. Mo**

18. (a) Signature of funeral director **Culver Funeral Home**
(b) Address **Cassville, Missouri**

19. (a) **July 19 1943** (b) **Grace Williams**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1943** hour **4:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 17 1943**
that I last saw him **Neuro** alive on **July 17 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Struck by Lightning**
Due to

Other conditions **192**
(Include pregnancy within 3 months of death)
Major findings: **99**
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **005**
(b) Date of occurrence
(c) Where did injury occur? **Mo**
(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 **E. B. McDonald**
Address **Cassville, Mo** Date signed **7/19/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 943-1063

Date Filed 9-14-43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

B. Gordon Bennett

Licensed Embalmer No.

4213

P. O. Address.....

Cassville, 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.