

NOV 5 1943

Registration District No. 150

Primary Registration District No. 3018

Registrar's No. 154

1. PLACE OF DEATH

(a) County Deut  
(b) City or town Salem  
(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 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clarence Fredrick Watkins

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

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Don't know  
6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased June 28 1905  
(Month) (D-y)

8. AGE: Years 38 Months 3 Days 21  
If less than one day hr. min.

9. Birthplace Deut Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Mech

11. Industry or business

12. Name Geo Fredrick Watkins

13. Birthplace Deut Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Eulakilla Adams

15. Birthplace Deut Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Frederick Watkins  
(b) Address Salem - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Carter Cemetery

18. (a) Signature of funeral director H. H. ...  
(b) Address Salem, Mo

19. (a) 10-28-43 (Date received local registrar) (b) Geo W. McLeod (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Deut  
(c) City or town Salem  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19-1943.  
year 12 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from SEP 10 1943 to Oct 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Deep purpurative Hepatitis

Due to Septicoid Fever

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?   
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. G. ... (M.D. or other) MD  
Address Salem Mo Date signed Oct 20 1943

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

RECEIVED

District Health Officer No. 5,

District File Number

1143628

Date Filed

11-4-73

NOV 9 1973

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

*Frederick H. Burford*

Licensed Embalmer No.

4204

P. O. Address

*Salem, 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, above space should be left blank.