

3754E

FILED DEC 15 1943

3002

Registrar's No. 162

Registration District No. 70

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
702 N. Clark St.
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 702 N. Clark St.
(If rural, give location)
(e) Citizen of foreign country? Noes (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Margaret L. Watson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife J.D. Watson 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 12, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 16 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wesley Hughes

13. Birthplace Cedar City, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Ferguson

15. Birthplace Cedar City, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant J.D. Watson
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Nov. 30, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elwood, Mexico, Mo.

18. (a) Signature of funeral director Tal E. ...

(b) Address Mexico, Mo.

19. (a) 11-30-43 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1943 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from November 27
1943, to November 28, 1943;
that I last saw her alive on November 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Pelvis & lower abdomen
Due to Cancer. Original focus not determined

Due to _____
Other conditions (Include pregnancy within 3 months of death) 552

Major findings: No operation
Of operations _____
Of autopsy No autopsy

Duration
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? _____

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

23. Signature [Signature] (M.D. or other) 11-30-43
Address Mexico, Mo. Date signed _____

1074

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

2
42
7-39
K32873

DEC 20 1943

RECEIVED

District Health Officer No. 10

District File Number 12-43-1953

Date Filed DEC 13 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.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.