

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

1. PLACE OF DEATH:

(a) County DENT

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

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

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Therman Watson

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 - 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name J. W. Watson Shannon Co Mo

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

14. Maiden name Fessie Burnett

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

16. (a) Informant J. W. Watson

(b) Address Bureau Reeler Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Bureau Reeler Mo.

18. (a) Signature of funeral director J. W. Watson

(b) Address Salem Mo.

19. (a) 12-20-43 (Date received local registrar) (b) J. O. Reeler by M.B. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 11 1943 to Dec 11 1943 that I last saw him alive on Dec 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to B & L

Due to Cold

Other conditions (include pregnancy within 3 months of death) 107

Major findings: ✓

Of operations _____

Of autopsy 212

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 J. O. Reeler (M. D. or other)

Address Salem Mo. Date signed 12-16-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 5,
District File Number 1447
Date Filed 1-4-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.