No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45650

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 688

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1826 Byers Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One & One half years (Specify whether years, months or days)
In this community: One and One Half Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 1826 Byers (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Grace Dewey Watson
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ernest
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: June (Month) 20 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	27	hr. min.

9. Birthplace: Altamont (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: George Henry Dewey
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Arie Lolanda Doughman
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ernest Watson
(b) Address: 1826 Byers
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Dec. 19, '43 (Month) (Day) (Year)
(c) Place: burial or cremation: Altamont Kansas
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: 305 West Fourth St.
19. (a) 12-18-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from May 1943 to Dec. 17 1943 that I last saw her alive on Dec 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the uterine cervix — Duration: 8 mo

Due to:

Due to:

Other conditions (Includes 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: M. F. Hall MD (M. D. or other)
Address: 622 Frisco Bldg., Joplin Mo. Date signed: 12/18/43

(Licensed Embalmer's Statement on Reverse Side)

48-12-1074

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.