

State File No. \_\_\_\_\_

Registrar's No. 3

**FILED FEB 10 1944**  
Registration District No. 328

Primary Registration District No. 3073

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Chaffee  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 10 Months  
years, months or days (Specify, whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott 100  
(c) City or town Chaffee 1  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willie Caroline Watts

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Otto N Watts 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 18 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John J Whitener  
13. Birthplace Marquand Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Haynes  
15. Birthplace Marquand Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant O N Watts  
(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof 1-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cape Co Mo

18. (a) Signature of funeral director Bisplinghoff & Hubbard  
(b) Address Chaffee Mo

19. (a) Jan 29-44 (b) Lokriste Trace  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th  
year 1944 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from Oct 10 1943 to Jan 28 1944  
that I last saw her alive on Jan 28 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Common Hepatic Duct  
Duration 1 yr.

Due to \_\_\_\_\_  
Due to H6  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings of operations Carcinoma Common Hepatic Duct  
Of autopsy \_\_\_\_\_  
PHYSICIAN Dr. Ball Bladder  
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 W A Sampler (M. D. or other) MD  
Address Chaffee Mo Date signed 1-29-44

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

MAR 1 1944

MAR 4 1944

RECEIVED

District Health Office No. 2,

District File Number 244-260

Date Filed 2-7-44

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 *Mamie Buppington*

Licensed Embalmer No. 3242

P. O. Address *Chappee 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.