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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11460

Registration District No. 193 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County Mc Donald

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

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald 60 0 0

(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Willard Howard Watkins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Nancy Evaline

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

7. Birth date of deceased January (Month) 25 (Day) 1871 (Year)

8. AGE: Years 72 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Indiama (City, town, or county) / (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Andrew Watkins
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant G. C. Duffield
(b) Address Stella Mo R#1

17. (a) Pineville Cem. (Burial, cremation, or removal) (b) Date thereof 1/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation Pineville Cem.

18. (a) Signature of funeral director Wm Morris Boyce
(b) Address Wheaton Mo

19. (a) 3/4/44 (Date received local registrar) (b) Mrs. G. W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1944 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 25, 1943, to Jan. 4, 1944
that I last saw him alive on Jan. 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Complication following pneumonia

Due to fever

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

10 9 11

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 G. R. Edmonds Jr. D. or other
Address Stella Mo Date signed 3/7/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 344-340
Date Filed MAR 16 1944

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 Wm Morris Pogue

Licensed Embalmer No. 3449

P. O. Address Wheeler 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.