

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12314

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

FILED APR 7 1944  
Registration District No. 324

Primary Registration District No. 666 4490

Registrar's No. 70-94

1. PLACE OF DEATH:  
(a) County Scott  
(b) City or town Blodgett  
(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 12yrs  
In this community 12yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Scott  
(c) City or town Blodgett  
(If outside city or town limits, write "RURAL")  
(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 John William Watson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 27th  
year 1944 hour 6 minute 25 A. M.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Watson 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 26th 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/13 1944 to 3/27 1944  
that I last saw him alive on 3/26 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 0 Days 1 If less than one day hr. \_\_\_\_\_ min.

Immediate cause of death Chronic nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Endocarditis  
(Include pregnancy within 3 months of death)

9. Birthplace Crittendon Co. Ky.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer (retired)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name George W. Watson  
13. Birthplace N. K. Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Velera Thorpe  
15. Birthplace N. K. Ky.  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Wardell Watson  
(b) Address Blodgett, Mo.  
17. (a) Burial (b) Date thereof 3-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Blodgett Cemetery, Blodgett, Mo.  
18. (a) Signature of funeral director Lair-Nunnelee  
(b) Address Charleston, Mo.  
19. (a) 3-31-44 (b) Mrs. E. J. Hiesters  
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Cline (M. D. or other) \_\_\_\_\_  
Address Oran, Mo. Date signed 3/27/44

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

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Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

1220

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 44-359

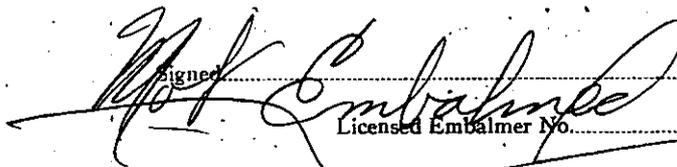
Date Filed 7-4-44

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 .....

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.