

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

14364

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 132

1. PLACE OF DEATH: Cape Girardeau, Mo.

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days  
(Specify whether)

In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 405 Good Hope St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -----

3. (a) PRINT FULL NAME Nancy Snider Watson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1944 hour 4 minute 10 P. M.

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

21. I hereby certify that I attended the deceased from 1-11-44 to 4-11-44  
that I last saw him alive on 4-11-44  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

Immediate cause of death: Ch. Valvular  
Postural Disease

Due to -----

Due to -----

6. (b) Name of husband or wife Wm. Watson 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 7, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>4</u>	hr. <u>-----</u> min.

Other conditions (include pregnancy within 3 months of death): 92d

9. Birthplace Millerville, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name Reuben Snider

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Columbus Snider (Son)

(b) Address 211 S. Fountain St. Cape Girardeau, Mo

17. (a) Burial (b) Date thereof April 17, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau

19. (a) 4-15-44 (b) F. J. Phelps  
(Date received local registrar) (Registrar's signature)

Major findings: -----

Of operations: -----

Of autopsy: -----

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?  
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23. Signature W. D. ... (M. D. or other) W.D.  
Address Cape Girardeau

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

16  
1  
4

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1014 (Licensed Embalmer's Statement on Reverse Side)

W.D. 4/20/44

Sanitary Health Officer No. 4

District File Number 544-377

Date Filed 5-8-44

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**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..... *Frank Sparks*.....  
Licensed Embalmer No. 3453.....  
P. O. Address *Cape Girardeau*.....

**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.**