

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15573

FILED APR 18 1944

Registration District No. 12

Primary Registration District No. 4436

Registrar's No. 73

1. PLACE OF DEATH

(a) County Palls
(b) City or town New London mo
(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 (Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAMEJulia Watson

3. (b) If veteran,

3. (c) Social Security

name war

No

4. Sex

9

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced widowed

6. (b) Name of husband or wife

Geo Watson

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

about 68

hr.

min.

9. Birthplace

Palls mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

Geo Mitchell

13. Birthplace

mo

(City, town, or county)

(State or foreign country)

14. Maiden name

no record

15. Birthplace

mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

1 16 44

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

Geo E Roberts

(b) Address

Hannibal mo

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Palls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 14
year 1944 hour minute M.21. I hereby certify that I attended the deceased from Mar 14
19-43, 1943
that I last saw him alive on Jan 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

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 sta-
tistically.

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)

Means of injury

23. Signature Hannibal mo (M. D. or other)Address Hannibal mo Date signed 1/15/44

RECEIVED

District Health Officer No. 10

District File Number 4-44-843

Date Filed APR 18 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.....

Geo. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 73

Registration District No. 293

Primary Registration District No. 4436

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town New London
(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 Call her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lulu Watson

3. (b) If veteran, name war

3. (c) Social Security No.

4. (Sex 7)

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

(If less than one day)

apt 68

min.

9. Birthplace

(City, town or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Geo Mitchell

13. Birthplace

(City, town or county)

(State or foreign country)

14. Maiden name

No Record

15. Birthplace

(City, town or county)

(State or foreign country)

16. (a) Informant

No Record

(b) Address

17. (a)

Burial

(b) Date thereof

1-16-44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Fairview - New London

18. (a) Signature of funeral director

Geo E. Roberts

(b) Address

Commercial, No

19. (a)

1-20-44

(b)

REBerting

(Data received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 Year 1944 Minute 4 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him/her alive on 19 and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

15573