

FILED JUN 9 1944
Registration District No. **270**

Primary Registration District No. **4322**

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

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Princeton**
(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 **7 Weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Putnam**
(c) City or town **Rural**
(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 **Lillie Watson**

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 **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 15 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Putnam Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER

12. Name **John Louderbaugh**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown Sarah Crawford**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Albert Cox**
(b) Address **Davenport, Iowa**
17. (a) **Burial** (b) Date thereof **5-18-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Busby**

18. (a) Signature of funeral director **Martin Funeral Home**
(b) Address **Princeton, Mo.**
19. (a) **5/18/44** (b) **Swan Martin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16** year **1944** hour **7** minute **0** M.
21. I hereby certify that I attended the deceased from **April 1st** 1944 to **May 16** 1944
that I last saw **her** alive on **May 14** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism**
Due to **Cause of bowel**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **H68**

Major findings: Of operations _____
Of autopsy **None**

Duration

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 **J. M. Perry** (M. D. or other) **M.D.**
Address **Princeton Mo** Date signed **5/17-44**

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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.....

H. Evan Martin

Licensed Embalmer No.

3760

P. O. Address.....

Princeton, 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.