

FILED JUL 11 1944

Registration District No. **22**

Primary Registration District No. **1000**

Registrar's No. **699**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) Must of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stolt **4400**
(c) City or town Maitland
(If outside city or town limits, write "RURAL")
(d) Street No. South "Rural"
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Lewis Henry Watson

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

4. Sex 0 m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Lena Watson 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 3 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name L. W. Watson

13. Birthplace Buchanan Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah O'Neil

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

16. (a) Informant Lena Watson

(b) Address Maitland mo

17. (a) Burial (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. P. Maitland

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville Missouri

19. (a) 6/27/44 (b) Thelma Kiddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1944 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June - 25 7:45 PM 1944 to 9:15 PM June 25 1944
that I last saw him alive on June 25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Infectious Diarrhea

Due to Carcinoma of Colon

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Not done
Of operations _____
Of autopsy Not done

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 J. P. Howden (M. D. or other) H.P.
Address 620 Truman St Date signed 6-26-44

WRITE PLAINLY—USE UNFADING INK

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.....

W. Jean Campbell

Licensed Embalmer No.....

12620

P. O. Address.....

Maryville TN

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.