V. S. No. 2
200M—2-43
Rev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24633

Primary Registration District No. 3020

Registrar's No. 68

1. PLACE OF DEATH:
(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
18 W. Sixth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 60 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 18 W. Sixth St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Pauline Wilhelmina Watermann.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, (or) divorced Single

6. (b) Name of husband or wife X

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

7. Birth date of deceased February (Month) 10th. (Day) 1876. (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th, year 1944 hour 4:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1, 1944, to July 5, 1944; that I last saw h[illegible] alive on July 5, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	4 yrs
Due to: Chronic nephritis	4 yrs
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.

8. AGE: Years 68 | Months 4 | Days 25 | If less than one day ... hr. ... min.

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

10. Usual occupation Housework.

11. Industry or business X

MOTHER FATHER

12. Name Charles D. Watermann.

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

14. Maiden name Elizabeth Herman.

15. Birthplace Cleveland, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Miss Carrie Watermann,
(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Milburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) 7/6/44 (Date received by local registrar) (b) Lucile Ruether Brooks (Registrar's signature)

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 E. B. Turner (M. D. or other) M.D.
Address Washington Mo. Date signed 7/7/44

1141 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 8-5-44

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 me

....., Registered Apprentice No. .....

working under my personal supervision.

Signed A. Nisbet

Licensed Embalmer No. 238

P. O. Address Washington, Ga.

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.