

**FILED SEP 8 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. 3016

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Penitentiary Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year 7 mos.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Willington  
(If outside city or town limits, write "RURAL")  
(d) Street No. Gen. Del.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jess Watson (569080)

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-05-9839

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lizzie Dec. 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased. Dec. 5 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 13 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Coal Mine

MOTHER FATHER { 12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Dr. H. W. Maxey

(b) Address Jefferson City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 29 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Willington, Mo.

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

(b) Address 702 Jefferson

19. (a) 8-29-44 (Date received local registrar) (b) Therma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th.  
year 1944 hour 11 minute 57 A. M.

21. I hereby certify that I attended the deceased from July 15  
1944 to August 28th., 1944  
that I last saw him alive on August 28th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Ischaemic cardiac  
myocardium.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Secondary anemia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 4/6

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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 H. W. Maxey (M. D. or other) \_\_\_\_\_  
Address H. W. Maxey M.D. Date signed 8-29-44

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

OCT 17 1944

APR 30 1945

SEP 8 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-7-44.....

AUG 14 1952

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 *[Signature]*.....

Licensed Embalmer No. *2641*.....

P. O. Address *[Signature]*.....

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

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