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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28187**
Registrar's No. _____

Registration District No. **179** Primary Registration District No. **4287**

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

1. PLACE OF DEATH:
(a) County **Lincoln**
(b) City or town **Ray mo**
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Leydon L. Watt**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **W**
6. (b) Name of husband or wife _____ 6. (a) Single, widowed, married, divorced **W**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 26 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 24 hr. min.

9. Birthplace **D.A.I**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Wm Watts**
13. Birthplace **D.A.I**
(City, town, or county) (State or foreign country)
14. Maiden name **Elvira Christman**
15. Birthplace **D.A.I**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joe Watts**
(b) Address **Annada mo**

17. (a) **Burial** (b) Date thereof **8-22-44**
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation **Elsherry mo**

18. (a) Signature of funeral director **W. H. Bradley**
(b) Address **Elsherry mo**

19. (a) **Sept 5-44** (b) **ma Foy Jackson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **57**
(c) City or town **Elsherry Rural**
(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 **Aug** day **20**
year **1944** hour **14** minute **24 P.M.**
21. I hereby certify that I attended the deceased from **Jan 10**
_____, 19____ to **Aug 20/44**
that I last saw h **is** alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Infarction
Due to **General arteriosclerosis**
Due to **Senility**
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 **Joe B. Lersch** (M. D. or other)
Address **Ray mo** Date signed **Aug 21/44**

*Jan 10
1944
W. H. Bradley
District Health Officer
District Health Officer
District Health Officer*

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-12-44

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. H. Bradley

Licensed Embalmer No. 3966

P. O. Address Elberry

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.