

No. 2
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State File No.

Registrar's No. 36

FILED SEP 6 1944
Registration District No. 280

Primary Registration District No. 5965

1. PLACE OF DEATH:

(a) County Platte Co. Preston Twp.
 (b) City or town Edgerton Missouri-Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
 (c) City or town Edgerton Mo. 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 Stephen Frances Watkins
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife deceased
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased November 25th. 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 10 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Earning

12. Name Frances A. Watkins

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

14. Maiden name Nancy M. Moore

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

16. (a) Informant Viola Murphy

(b) Address Platte City, Missouri

17. (a) Burial (b) Date thereof 8/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgley Cemetery

18. (a) Signature of funeral director Luison Davis

(b) Address Dearborn Missouri

19. (a) 8/8/1944 (b) Mrs Clay Riffe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 4
 year 1944 hour 7. minute 2 M.
 21. I hereby certify that I attended the deceased from August 5
 that I last saw him alive on Aug 5 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Due to Don't know

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

Major findings: Of operations None
 Of autopsy Body viewed

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (b) Date of occurrence None
 (c) Where did injury occur? None
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (e) Means of injury Crowder
 23. Signature M. H. Moore (M. D. or other)
 Address Dearborn Mo Date signed 8/7/44

Duration
Smith
den

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1209

RECEIVED
District Health Officer No.
District File Number
Date Filed.....

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

Ruben Davis

Licensed Embalmer No. *4165*

P. O. Address. *Deaton 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.