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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33559

Registration District No. 5 Primary Registration District No. 5029 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Rural Lincoln Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Page

(c) City or town Blanchard
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Frances Watson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oral Watson

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 21st (Day) 1892 (Year)

8. AGE: Years 52 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Jesse D Bullock
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Spear
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mr Oral Watson
(b) Address Blanchard Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-12-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Callegs Springs

18. (a) Signature of funeral director Scott Funeral
(b) Address Westboro Missouri

19. (a) Nov 1st 1944 (Date received local registrar) (b) Mrs H.D. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1944 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Neck Broken - Internal injuries Left side of chest crushed — Duration

Due to Automobile Accident

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct-7th-1944

(c) Where did injury occur? 1/2 Mi South Blanchard Atchison Co Mo
(City or town) (County) (State)

(d) Did injury occur in home, on farm, in industrial place, in public place? Public Road
(Specify type of place)

While at work? No (e) Means of injury

23. Signature Scott Funeral Coroner (M.D. or other)
Address Westboro-Mo Date signed 10-5-44

1329 (Licensed Embalmer's Statement on Reverse Side)

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

Scott Tucker, Registered Apprentice No.,

working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2359

P. O. Address Westboro, Missouri

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.