No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33852

Primary Registration District No. 3007

Registrar's No. 325

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 hrs (Specify whether

In this community 6 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell (If outside city or town limits, write "RURAL") 35

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No. 1 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DONALD RAY WATKINS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 5 (Day) 1940 (Year)

8. AGE: Years 4 Months Days 14 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Hubert C. Watkins
13. Birthplace Sturdivant (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Jesse Harris
15. Birthplace Advance (City, town, or county) Mo (State or foreign country)

16. (a) Informant Hubert Watkins

(b) Address Campbell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 21 (Day) 44 (Year)

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

18. (a) Signature of funeral director Watkins Funeral Serv

(b) Address Dexter Mo.

19. (a) 10-8-44 (Date received local registrar) (b) Belle Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1944 hour 11:35 minute P M.

21. I hereby certify that I attended the deceased from Sept 5, 19 , to Sept 5, 1944 that I last saw him alive on Sept 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cerebral Hemorrhage

Due to External Cause — (Auto Accident.)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170 C-8

Of autopsy 21

Duration

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) Auto Accident

(b) Date of occurrence Sept. 5-44 1935

(c) Where did injury occur? Campbell, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street in front of house (Specify type of place)

While at work? (e) Means of injury truck

23. Signature A. D. Markel M.D. (M. D. or other)

Address Poplar Bluff, Mo. Date signed

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1044-1379
Date Filed 10-12-44

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.

No. 2B
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 43 Primary Registration District No. 8007 Registrar's No. 825

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Donald Ray Walkins
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive (years)
7. Birth date of deceased Sept (Month) 5 (Day) 1940 (Year)
8. AGE: Years 4 Months Days If less than one day hr. min.
9. Birthplace Bernie Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof 9/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Sept 19 1944 to Sept 19 1944 that I last saw him alive on Sept 19 1944 and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTAL

33852