

FILED JAN 23 1945

Registration District No. 2

Primary Registration District No. 5143

Registrar's No. 4211

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL Pontias Bluff
(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 1
(Specify whether years, months or days)

In this community 41 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME IDA CHRISTINE WATSON

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife JESSE WATSON 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JAN 14 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 14 If less than one day hr. _____ min. _____

9. Birthplace BUTLER CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JAMES SMITH

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

14. Maiden name MAE GOWEN

15. Birthplace POPE CO. ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Watson

(b) Address 1700 S Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof DEC 31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DONNING CEM

18. (a) Signature of funeral director W B Phelps

(b) Address Poplar Bluff Mo

19. (a) 12-30-44 (b) Beller-Kinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 15 M. SW POPLAR BLUFF MO
(If rural, give location)

(e) Citizen of foreign country? _____ (See or No)
If yes, name country _____ 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1944 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from MAY, 1944, to DEC 28, 1944 that I last saw alive on DEC 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis

Duration _____

Due to (?)

Due to 1216

Other conditions hypertension and myocardial change

Major findings _____

Of operations _____

Of autopsy no

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)

Means of injury 0

23. Signature W B Phelps (M. D. or other) MD

Address Poplar Bluff Mo Date signed _____

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

1200

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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

N. D. Phillips

Licensed Embalmer No. *3231*

P. O. Address *Poplar Bluff 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.