S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3100

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town ~~Annada~~ Louisiana
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Winnie E. Watts

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Joe Joe Watts

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

7. Birth date of deceased April (Month) 15 (Day) 1893 (Year)

8. AGE: Years 51 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Dawson (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Post Master

11. Industry or business

FATHER
12. Name Winn Davis
13. Birthplace Pike Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Ada B. Brown
15. Birthplace Pike Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Joseph Watts
(b) Address Annada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry Cemetery

18. (a) Signature of funeral director W D Bradley
(b) Address Elsberry Mo

19. (a) 1/18/45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 17 year 1945 hour 6 minute 40 M.

21. I hereby certify that I attended the deceased from 1-5, 1945, to 1-17, 1945 that I last saw her alive on 1-17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to

Due to 111a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) none

(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? none (Specify type of place)

While at work? none (e) Means of injury none

23. Signature [illegible] (M. D. or other)

Address Louisiana Mo. Date signed 1-18-45

1169

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1945

RECEIVED
District Health Officer No. 10
District File Number 2-45-203
Date Filed FEB 11 1945

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. D. Bradley

Licensed Embalmer No. 3966

P. O. Address Ellsberry 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.