

S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 11 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14504**  
Registrar's No. **6**

Registration District No. **3123** Primary Registration District No. **6075**

1. PLACE OF DEATH:  
(a) County **St. Francois**  
(b) City or town **Farmington RURAL St. Francois**  
(c) Name of hospital or institution: **Mo. State Hospital No. 4**  
(d) Length of stay: In hospital or institution **7 mos. 23 das.**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pemiscot**  
(c) City or town **Unknown**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **No**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **EDD WATSON**  
3. (b) If veteran, name war **Unknown**  
3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **None**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **About 1902**  
(Month) (Day) (Year)

8. AGE: Years **About 43** Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Records State Hospital No. 4**

(b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **4-19-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **State Hospital Cem., Farmington**

18. (a) Signature of funeral director **Miller Funeral Service**  
(b) Address **Farmington, Mo.**

19. (a) **4/25/45** (b) **Ether Rudloff**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**  
year **1945** hour **3-** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **August 22, 1944** to **April 15, 1945**  
that I last saw him alive on **April 15, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronal aneurysm**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **g30**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **Left cerebral hemorrhage**  
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 **2**

23. Signature **W. J. ...** (M. D. or other) **Phys.**  
Address **...** Date signed **4-25-45**

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

1397

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 545-633  
Date Filed 5-9-45

**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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

*Miller Funeral Home*

Signed C. J. Lloyd

Licensed Embalmer No. 3527

P. O. Address Fairmount

**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.**