

REC JUL 11 1945

Registration District No. 71

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ###### #
(Specify whether
In this community 5 days
years, months or days)

3. (a) PRINT FULL NAME GEORGE W. WATTS

3. (b) If veteran, name war: ##### 3. (c) Social Security No. ####

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife: ##### 6. (c) Age of husband or wife if alive: 20 years (Month) (Day) (Year)

7. Birth date of deceased: April 20 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days I If less than one day # hr. ## min.

9. Birthplace: Clerksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business

12. Name: Washington Wetts

13. Birthplace: Clerksville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Prewitt

15. Birthplace: Louisville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr Harry C. Carroll

(b) Address: Clerksville Missouri

17. (a) Burial (b) Date thereof: 6-22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Clerksville Missouri

18. (a) Signature of funeral director: Herbert T. Hope

(b) Address: Excelsior Springs Missouri

19. (a) 6-22-45 11712 S. 4th Rd. Kansas City Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri 82
(a) State (b) County Pike
(c) City or town Clarksville 0
(If outside city or town limits, write "RURAL")
(d) Street No. #####
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1945 hour 2:30P minute M.

21. I hereby certify that I attended the deceased from, 19....., to, 19.....;

that I last saw him/her on June 2, 1945 at Clerksville, Mo. and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to

Due to History

Other conditions: History
(Include pregnancy within 3 months of death)

Major findings: gfu
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:

(c) 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? Yes (Specify type of place) (b) Means of injury: Coroner

23. Signature: John S. Weston (M. D. or other)

Address: North Kansas City Mo. Date signed: 6-21-45

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

1166

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7/14/64

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address E. celsior Springs 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.