V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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. 30191

FILED OCT 4 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 952

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution Methodist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 day (Specify whether

In this community 4 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN

(c) City or town ST-JOSEPH- (If outside city or town limits, write "RURAL")

(d) Street No. 1804 NO 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RICHARD-LEE-WATKINS

3. (b) If veteran, name war No

3. (c) Social Security No. NONO

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 AUG (Month) - 27 (Day) 1945 (Year)

8. AGE: Years 0 | Months 0 | Days 4 | If less than one day — hr. — min.

9. Birthplace ST-JOSEPH-MO (City, town, or county) (State or foreign country)

10. Usual occupation NONO

11. Industry or business

FATHER
12. Name Wm W. WATKINS.
13. Birthplace BUCHANAN CO-MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA-C-HINTON.
15. Birthplace MOBERLY MO (City, town, or county) (State or foreign country)

16. (a) Informant Wm W. Watkins

(b) Address ST JOSEPH-MO-

17. (a) B (Burial, cremation, or removal) (b) Date thereof SEPT-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation MEMO-PARK.

18. (a) Signature of funeral director Stanley Funeral Home

(b) Address ST-JOSEPH-MO.

19. (a) 9-11-1945 (Date received local registrar) (b) H. J. Nesthbush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 31 year 1945 hour 11.30 minute A- M.

21. I hereby certify that I attended the deceased from Aug 27, 1945, to Aug 31, 1945; that I last saw him alive on Aug 31, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)

(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 S. E. Senor (M. D. or other) M.D.

Address St Joseph Mo Date signed 9-1-45

H28

(Licensed Embalmer's Statement on Reverse Side)

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 John Roy Stoney

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.