U. S. No. 2
(100M—2-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30501

State File No.

FILED OCT 5 1945

Registration District No. 9715

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence A Watts
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 4 (Day) 1866 (Year)
8. AGE: Years 79 Months 0 Days 14 If less than one day hr. min.
9. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name John Risley
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Amanda Reed
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Vina Basham
(b) Address St Clair Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hebron Cemetery
18. (a) Signature of funeral director Edmund Mitchell
(b) Address St Clair Mo
19. (a) Sept 23 1945 (Date received local registrar) (b) H L Cooter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1945 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Jan 2 1945 to 9-23- 1945 that I last saw h alive on 9-22- 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Stenosis	
Due to	years.
Due to Generalized Arteriosclerosis	
Other conditions (Includes pregnancy within 3 months of death) Rheumatoid Arthritis	years

Major findings:
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:
(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 W. E. Mitchell (M. D. or other)
Address St Clair Mo Date signed 9-27-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 10-8-45

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Sherwood Kitchell

Licensed Embalmer No. 3875

P. O. Address St. Clair, 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 [redacted] embalmed, fact should be so stated above.