

FILED NOV 19 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution:
407 N. MONROE
(If not in hospital or institution, write street number or location)

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

In this community ALWAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE

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

(d) Street No. 407 N. MONROE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FRED JAMES WATSON

3. (b) If veteran, name war SPANISH AMERICAN

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 31
year 1945 hour 9 minute P M.

21. I hereby certify that I attended the deceased from May 15, 1945 to Oct 31, 1945
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife JESSIE FINCHER

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased DEC 28 - 1892
(Month) (Day) (Year)

Immediate cause of death

Coronary thrombosis 15 min

Due to myocardial failure 1 1/2 yrs

Due to arteriosclerosis unk.

Other conditions (Include pregnancy within 3 months of death)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>62</u> | <u>10</u> | <u>3</u> | hr. min. |

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

9. Birthplace LACLEDE Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE AGENT

11. Industry or business _____

12. Name LEWIS WATSON

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

14. Maiden name MATILDA MYERS

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

16. (a) Informant Matilda J. Watson
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 11-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON, MO

19. (a) 11-7-45 (b) Orville H. Frankenberg
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature James P. Hope (M. D. or other) _____
Address Lebanon, Mo Date signed 11/5/45

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

196

Received

Laclede County Health Unit

File No. 11-45-154

Date Filed 11/17/45

DEC - 5 1945

NOV 26 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 *D. A. Babner*

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.