

FILED NOV 28 1945

Registration District No. **388**

Primary Registration District No. **3074**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Scott**
(b) City or town **Sikeston, Mo. 720**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
504 New St. Corner of Maplewood Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **all of her life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
(c) City or town **Sikeston, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **504 New St. Corner of Maplewood Drive**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Hulda Jane Watkins

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

3. (c) Social Security No.....

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W. H. Watkins**

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

7. Birth date of deceased **Sept 10, 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **3** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **George Bean**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Daughter**

(b) Address **Sikeston Mo**

17. (a) **Burial** (b) Date thereof **Sept 16, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Frank Taylor**

(b) Address **Sikeston Mo**

19. (a) **10-11-45** (b) **Mrs F. Henry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13th** year **1945** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Sept 12, 1945** to **1945**

that I last saw h. **W.** alive on **Sept 12, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Cardiac Valvular Disease**

Due to.....

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature **Thomas C. M. Clark** (Dr. or Dentist)

Address **Sikeston, Mo** Date signed **9-25-45**

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

RECEIVED

District Health Office No. 2,

District File Number 1045-3161

Date Filed 10-31-42

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 W. C. Gray

Licensed Embalmer No. 4399

P. O. Address Poplar Bluff

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.