

FILED JAN 8 1948

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 425

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Missouri 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community 25 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 25
(c) City or town Kennett - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi S.E.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME VIRGINIA BARKER WATSON

3. (b) If veteran, name war No 3. (c) Social Security number None

4. Sex J / 5. Color or race WHITE 6. (a) Single, widowed, divorced, Married
6. (b) Name of husband or wife James Watson 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Feb 22 1925
(Month) (Day) (Year)

8. AGE: Years 20 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Como, Mo (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None Making

12. Name Dora Barker
13. Birthplace Clay City, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Betha Walker
15. Birthplace Sikeston, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Barker
(b) Address R-1 - Kennett, Mo
17. (a) Burial (b) Date thereof 12-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Palace - Kennett, Mo

18. (a) Signature of funeral director SALMON FORD HOWE
(b) Address Kennett, Mo

19. (a) 12-24-1945 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1945 hour 8 minutes 30 a. M.

21: I hereby certify that I attended the deceased from Nov. 26 1945 to Dec. 19 1945; that I last saw her alive on Dec 18 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis 3 mo
Due to Toxemia of pregnancy 4 mo
Due to _____

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? _____
(Specify type of place) (e) Means of injury _____

23. Signature P. G. Pitter, M.D. (M. D. or other)
Address Cape Girardeau, Mo. Date signed 12-22-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 146-1504
Date Filed 1-7-46

JAN 14 1946

JUL 23 1956

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 [Signature]

Licensed Embalmer No. 2556-

P. O. Address [Signature] 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.