

FILED FEB 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 7

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
875 South Redman
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 2 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline 97
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. 875 South Redman 2
 (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lester Watts
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 20
 year 1946 hour 1:00 minute A M.

4. Sex Male (1) 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Ann Watts
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased December 12th, 1859
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct, 1945, to Jan 20, 1946
 that I last saw h. un alive on Jan 19, 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 I 8 hr. min.

Immediate cause of death Coronary Sclerosis
 Duration _____

9. Birthplace Arrow Rock Missouri
 (City, town, or county) (State or foreign country)

Due to Chr. Nephritis
 Due to _____

10. Usual occupation Retired

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: Of operations _____

11. Industry or business City of Portland, Oregon

Of autopsy 131K
 Underline the cause to which death should be charged statistically.

12. Name Daniel L. Watts

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

14. Maiden name Julia Bingham

15. Birthplace Arrow Rock, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lester Watts

(b) Address 875 South Redman, Marshall

17. (a) Burial (b) Date thereof Jan. 22, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell
 (b) Address Marshall, Mo.

19. (a) 1-21-46 (b) Mo. T. Owens
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) NO
 (d) Date of occurrence _____

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 Ross (M. D. or other) _____

Address Marshall Mo Date signed 1-27-46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-46

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. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.