

S. No. 2
M-5-43
5-17-39
I X38671

State File No. 4744
Registrar's No. 75

FILED MAR 6 1946
Registration District No. 43

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Poplar Bluff Hospital
(d) Length of stay: In hospital or institution 1 da
In this community life years, months or days

3. (a) PRINT FULL NAME Grady Wayne Watson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 13 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
12. Name Joe Watson
13. Birthplace Missouri
14. Maiden name Arlene Caster
15. Birthplace Arkansas

16. (a) Informant Joe Watson
(b) Address Quin, Mo
17. (a) Burial (b) Date thereof 2/16/46
(c) Place: burial or cremation quin

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 2/28/46 (b) RH Minette
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural
(d) Street No. Broseley, Mo. Rt 1
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 14 year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on Feb 14 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Separation of Placenta
Due to Placenta Praevia
Due to _____
Other conditions _____

Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(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 Frank E. Dwell (M. D. & J.C.E.)
Address Poplar Bluff, Mo. Date signed 2/18/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 346-304

Date Filed 3/5/46

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

..... Licensed Embalmer No.

..... P. O. Address.....

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.

Not embalmed