No. 2
--8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5107

State File No.

FILED MAR 8 1946

Registration District No. 160 Primary Registration District No. 5389 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Dent
(b) City or town Rural Sinking Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 year.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County West 33
(c) City or town Rural Sinking Town.
(If outside city or town limits, write "RURAL")
(d) Street No. Near Turtle 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Watson.
3. (b) If veteran, name war ✓
3. (c) Social Security No. 498-14-4949
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Earl Watson
6. (c) Age of husband or ~~wife if~~ alive 43. years
7. Birth date of deceased Dec (Month) 25 (Day) 1893 (Year)

8. AGE: Years 52 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
12. Name Joe Patterson (Father)
13. Birthplace Don't Know (City, town, or county) 4 (State or foreign country)
14. Maiden name Jennie Gifford (Mother)
15. Birthplace Don't Know (City, town, or county) 4 (State or foreign country)
16. (a) Informant Earl Watson
(b) Address Turtle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Bunker
18. (a) Signature of funeral director Johnson & Grantham
(b) Address Salem Mo
19. (a) 2-4-46 (Date received local registrar) (b) M. M. Hart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1946 hour 12:20 minute A.M.
21. I hereby certify that I attended the deceased from 8-2-45, 19..., to 11-19-45, 19...; that I last saw her alive on 10-19-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cervical Carcinoma	9 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations —
Of autopsy 48

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) (e) Means of injury 0
23. Signature M. M. Hart (M. D. or other) MD
Address Salem Mo Date signed 2-5-46

83 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Officer No. 5
District Number 346182
Date Filed 3-7-46

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 ME, Registered Apprentice No. _____, working under my personal supervision.

Signed Oral E. Lickliter

Licensed Embalmer No. 3546

P. O. Address Lt James 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.