S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26190

FILED SEP 10 1946

Registration District No. 8 — Primary Registration District No. 4021 — Registrar's No. 10

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

25036

1. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town LADDONIA - MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: M.F.A. ELEVATOR. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 65 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County AUDRAIN 4
(c) City or town LADDONIA - MO. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME GEORGE-W-WATKINS.
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex MALE 0 | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HOPE-WATKINS. 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased MAY - 25 - 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	3.	..... hr. ..... min.

9. Birthplace PENDLETON - MO. 0 (City, town, or county) (State or foreign country)
10. Usual occupation DRUGGIST.
11. Industry or business DRUG-STORE.
FATHER
12. Name FREDRICK-WATKINS 4
13. Birthplace LONDON ENGLAND. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SARAH - ROBINSON.
15. Birthplace TROY MO. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Hope Watkins
(b) Address LADDONIA - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 30 1946 (Month) (Day) (Year)
(c) Place: burial or cremation LADDONIA - MO.
18. (a) Signature of funeral director Clyde Wilkey
(b) Address LADDONIA - MO
19. (a) 8-29-46 (Date received local registrar) (b) Martha Kennen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 28th year 1946 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from NO-MEDICAL-ATTENTION.
that I last saw h..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coroner Case. Fell dead at the elevator in Laddonia Mo. unattended by a physician, had a history of Myocarditis & dilation.
Due to No evidence of foul play
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

Duration

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)
While at work? No (e) Means of injury None
23. Signature S. C. Adams M.D. CORONER. (M.D. or other)
Address MEXICO - MO Date signed 8/28/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-46-1628
Date Filed SEP 7 - 1946

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 Clyde Wissey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.