

S. No. 2
OM-2-43
v. 5-17-39
I X3597

27706

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1946
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 196

Primary Registration District No. 5716

Registrar's No. 12

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Noel, Rural Elkriver
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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) 4 yrs.

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Noel, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Noel, Mo. R#2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME Theodore Franklin Watt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beth Marie Watt

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 13 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Jasper, Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business own farm

12. Name Joseph F. Watt

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Ellis

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Beth Marie Watt

(b) Address Noel, Mo. R#2

17. (a) Burial (b) Date thereof Aug. 12 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo. Cem

18. (a) Signature of funeral director Wm. M. ...

(b) Address Wheaton, Mo.

19. (a) Aug. 26 46 (b) Pearl Stamber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10
1946 to Aug 9 1946;
that I last saw him alive on Aug 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 1 day

Due to malara & lobar pneumonia 3 weeks

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy zsd

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 _____

23. Signature Ed. ... (M. D. or other) _____
Address Noel Mo Date signed Aug 12 46

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

26544

2112

RECEIVED
District Health Officer No. 6,
District File Number 846-891
Date Filed AUG 28 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 Wm Marie Coyle

Licensed Embalmer No. 3047

P. O. Address Whelan 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.