

S. No. 2
OM-8-43
ev. 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

State File No. 29456

FILED Oct 7 1946

Registration District No. 2

Primary Registration District No. 5030

Registrar's No. 27

1. PLACE OF DEATH:
ATCHISON
(a) County
(b) City or town RURAL
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49yrs
In this community 49yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ATCHISON 3
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT ETHEL JESSIE WATKINS
FULL NAME
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 70C day 24
year 1946 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife WALLACE WATKINS 6. (c) Age of husband or wife if alive 54 yrs years
7. Birth date of deceased MARCH 13 1897
(Month) (Day) (Year)

Immediate cause of death CHRONIC MYOCARDIATIS 2 yrs
Duration

8. AGE: Years 49 Months 5 Days II If less than one day hr. min.

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

9. Birthplace TARKIO Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.
93D

11. Industry or business
12. Name ARCHIE BALL COOK
13. Birthplace CANADA
(City, town, or county) (State or foreign country)
14. Maiden name MARY E McNAIR
15. Birthplace CANADA
(City, town, or county) (State or foreign country)
wallace watkins

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

16. (a) Informant Tarkio Missouri
(b) Address
17. (a) Burial (b) Date thereof AUG. 28 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HOME CEMETERY
18. (a) Signature of funeral director J. M. Alvario
(b) Address L. Ellis, Missouri
19. (a) Jan 24 - 46 (b) Mrs. J. J. Cunningham
(Date received local registrar) (Registrar's signature)

23. Signature Shos F. Fay
Address Westboro Mo. Date signed 8-24-46

5 (Licensed Embalmer's Statement on Reverse Side)

Corner

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

28494

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..... *Frost A. Brownie*
Licensed Embalmer No. *3338*
P. O. Address *Larkins, 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.