S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39739

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1445

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

38553

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 1324 South 15th St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Pearl Watson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sylvanus
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 27, 1891 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Nemaha County, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business home

FATHER
12. Name Isaac T. Queen
13. Birthplace Warren County, Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Herbstreith
15. Birthplace Cook County, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Watson
(b) Address 1324 South 15th St, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 1-4-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 11 year 1946 hour 8;10 P.M. minute M.
21. I hereby certify that I attended the deceased from Viewed Dec IIth 1946 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Injuries received when struck by an Auto	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence DecIIth 1946
(c) Where did injury occur? St Joseph, Mo, (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury Auto

23. Signature B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG Date signed 12/14/46

382 (Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

Dr Jadlowski

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St. Joseph 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.