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

FILED JAN 20 1947

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 433

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Flat River, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94  
(c) City or town Flat River, Mo. 5  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 302 Crane St. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Victoria Watts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or White race Caucasian  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Newton Watts 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased April 11 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 8 18 hr. min.

9. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Mr. John Holton

13. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Martha Graves

15. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. Charles Lacey

(b) Address 302 Crane St. Flat River, Mo.

17. (a) Buried (b) Date thereof Dec. 30-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried Parkview Cem.

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. Flat River, Mo.

19. (a) 1-9-47 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 26 to Dec 29, 1946, that I last saw her alive on Dec 27, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Seriously ill  
Due to Supperthies of old age  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature J. W. Zuppan M.D. or other \_\_\_\_\_  
Address Flat River, Mo. Date signed 1/4/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Sanitary Health Officer No. 4  
Sanitary File Number 147-88  
Date Filed 1-15-47

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 *Alvin W. Head*  
Licensed Embalmer No. *33 Crane St.*  
P. O. Address *Flat River, 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.