

FILED JUN 25 1947

State File No. _____

Registration District No. 32

Primary Registration District No. 4042

Registrar's No. 4042

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 yrs
years, months or days

3. (a) PRINT FULL NAME

Charles Albert Watson

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased May

(Month)

20

(Day)

1924

(Year)

8. AGE:

Years

Months

Days

If less than one day

23

0

19

hr.

min.

9. Birthplace

Bollinger Co.

(City, town, or county)

MO.

(State or foreign country)

10. Usual occupation

An employed

11. Industry or business

MOTHER FATHER

12. Name James Albert Watson

13. Birthplace Bollinger Co.

(City, town, or county)

MO.

(State or foreign country)

14. Maiden name

Lillie Anderson

15. Birthplace

Cape Co.

(City, town, or county)

MO.

(State or foreign country)

16. (a) Informant

A. B. Watson

(b) Address

Lutesville, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

June 10, 1947

(Month) (Day) (Year)

(c) Place: burial or cremation

Douglas, Mo.

18. (a) Signature of funeral director

Lloyd S. Morgan

(b) Address

Advance, Mo.

19. (a)

June 10, 1947

Date received local registrar

(b)

Meane H. Van Dine

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bollinger
(c) City or town Lutesville
(If outside city or town limits, write "RURAL")
(d) Street No. Lorraine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day June, 1947
year 1947 held view inquest P M.

21. I hereby certify that I attended the deceased from over dead body of deceased, Chas. Watson
1947 to 1947

that I last saw him ----- arrive on ----- 1947

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Accidental drowning while in swimming in Crooked Creek at Lutesville, Bollinger County, Mo. After interviewing competent witnesses found there was no evidence of violence or foul play in said cause.

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

Major findings:

Of operations _____

Of autopsy 152 10

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? Judge of Probate Court, actg
P. A. De Witt Coroner.
23. Signature Marble Hill, Bollinger
Address County, Mo. Date signed 6/9/47

RECEIVED

District Health Officer No. 4
District File Number 647-852
Date Filed 6-24-47

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.....

Lloyd S. Morgan

Licensed Embalmer No. 3761

P. O. Address Advance 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 421

Registration District No. 32 Primary Registration District No. 4042

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lutesville
(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)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Charles A. Watson

3. (b) If veteran,
name war

3. (c) Social Security.
No.

4. Sex M

5. Color or
race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

May 20
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

(Less than one day)

23

0

0

mo

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(b)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June
year 1947 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental

(b) Date of occurrence 6/8/47 Drowning

(c) Where did injury occur? In Crooked Creek, in

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

In crooked creek, in town as

While at work above stated (Specify type of place)

(e) Means of injury drowning

23. Signature Not. Coroner

Address Marble Hill, Mo. Date signed 7.9.47

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

SUPPLEMENTARY

S-20084