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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

Registration District No. 294

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6006

State File No. 25100

Registrar's No. 177

**1. PLACE OF DEATH:**

(a) County Randolph

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

(c) Name of hospital or institution: R.F.D. #1 Cairo
(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)
In this community 51 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph 88

(c) City or town [redacted] Rural
(If outside city or town limits, write "RURAL")

(d) Street No. [redacted] RFD #1. Cairo, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

**3. (a) PRINT FULL NAME** Lena May Watkins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy M. Walkins

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov (Month) 3 (Day) 1895 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 51 | 8 | 24 | — hr. — min. |

9. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Frank Teter 0
13. Birthplace Macon cty. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Gerdie Penton 0
15. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Roy M Watkins
(b) Address RFD #1 Cairo, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Salem Cemetary

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.

19. (a) July 29-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month July day twenty seven year 1947 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from July 28th, 1947, to —, 19__; that I last saw her alive on July 27, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carsenoma lung liver | 2 yrs |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

47P

**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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Benj S. Jolly (M. D. or other) D.O.

Address 203½ N. Clark Moberly Mo Date signed 7-28-47

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. L. Hutton, Registered Apprentice No. 10 working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 447

P. O. Address Moberly 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.**