No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 6 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 30477

Registrar's No. 1175

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: Littler Nursing Home
1213 North 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 weeks (Specify whether years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph, Mo.
(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: Sylvanus Watson
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widower
6. (b) Name of husband or wife: Emma Pearl
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 31 (Month) 1867 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	22	hr. min.

9. Birthplace: Isadora, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:

MOTHER FATHER
12. Name: Janu Watson
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Ralph Watson
(b) Address: 1324 South 15th, St. Joe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-25-47 (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) 10-2-47 (Date received local registrar) (b) G. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 23 year: 1947 hour: 6 minute: 30 P.M.
21. I hereby certify that I attended the deceased from May 24, 1947 to September 23, 1947; that I last saw him alive on September 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	3 mos.
Due to: Arteriosclerosis	15 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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:

23. Signature: E. H. Werner (M. D. or other) M.D.
Address: Kirkpatrick Bldg. Date signed: 9-24-47
St. Joseph, Missouri

Jefferson City Printing Co.
(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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Victor 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.