S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 19 1947
Registration District No. 15

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31633
Primary Registration District No. 5582
Registrar's No. 188

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural - Jackson Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #4, Carthage (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 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Rural - Jackson Twn. (If outside city or town limits, write "RURAL") 0
(d) Street No. Route #4, Carthage, Mo. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Johnnie C. Watson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 21, (Day) 1942 (Year)

8. AGE: Years 5 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Carthage, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None
11. Industry or business .....

FATHER
12. Name John N. Watson
13. Birthplace Miller, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Laura I. Bogardus
15. Birthplace Duenweg, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant John N. Watson
(b) Address Route #4, Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison Ave. Carthage, Mo.
19. (a) 8-30-47 (Date received local registrar) (b) L. B. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29, year 1947 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug 28 1947 to Aug 29 1947; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalis
Due to Fall on head Aug 26, 47
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 186A
Of autopsy 18

Duration

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) Accident 49
(b) Date of occurrence Aug. 26, '47
(c) Where did injury occur? (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell from chair at home (Specify type of place)
While at work (e) Means of injury .....

23. Signature R. W. Webster (M. D. or other) 0
Address Carthage Mo Date signed Aug 30 '47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-9-167

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 Geo. C. Tough.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.