S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35059

FILED OCT 27 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 358

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town 1720 -- 36th Street 3
(If outside city or town limits, write "RURAL")

(d) Street No. Hannibal 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Joseph David Watts

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rachel Gould Watts

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 10, 1872 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	7	..... hr. ..... min.

9. Birthplace Evansville Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business C.B.& Q.

FATHER
12. Name Levi Watts
13. Birthplace Machias ~~Watts~~ Maine
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Susan Calloway
15. Birthplace Evansville Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs.J.D.Watts

(b) Address 1720 36th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation McGrandview Burial Park

18. (a) Signature of funeral director [signature]

(b) Address 902 Broadway Hannibal Missouri

19. (a) 10-20-47 (Date received local registrar) (b) Dr. E M Lucke (Registrar's signature) 140

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 930 AM 6945 AM 19 Oct 17 1947 that I last saw him alive on Oct 17 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Damage	Acute
Due to Coronary Disease Probably Occlusion	Acute
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1947	
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 [signature] (M. D. or other) M.D.

Address Hannibal MO Date signed 10/18/47

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 John S. Ward, Registered Apprentice No. 35, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.