S. No. 2
A—1/47
5-17-39

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. 324

FILED FEB 16 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 182

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: 2128 So. 9th St. (home) /
(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: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan //
(c) City or town: St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No.: 2128 So. 9th St. 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: SARAH WATSON
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marion
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: January (Month) 9, (Day) 1870 (Year)

8. AGE: Years 78 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Puttman County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER
12. Name: William S. Buckles
13. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)
14. Maiden name: Ellen Jones
15. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Marion Watson (husband)
(b) Address: 2128 So. 9th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: John E. Knipp
(b) Address: 6054 Pryor Ave., City
19. (a) 2-14-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11, year 1948 hour 4 minute :00 A. M.

21. I hereby certify that I attended the deceased from November 25, 1947, to February 11, 1948, that I last saw her alive on February 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	3 Mo. Plus.
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	3 Mo. Plus

Major findings:
Of operations:
Of autopsy: 61

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) 0
While at work? (e) Means of injury

23. Signature: George W. Forman (M. D. or other) M.D.
Address: 825 Charles St., St. Joseph, Mo. Date signed 2-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 1948

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 Roland D. Clark

Licensed Embalmer No. 4477

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.