

Registration District No. **125**

Primary Registration District No. **3127**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jane Chinn Hospital**
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether
In this community **40 years**
years, months or days)

3. (a) PRINT FULL NAME **Mable Clara Watson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dave D. Watson** 6. (c) Age of husband or wife if alive **23** years
7. Birth date of deceased **December 23 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	1	3	br. min.

9. Birthplace **Jasper Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Charles Whitsell**

13. Birthplace **no data**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Lutricia Wilford**

15. Birthplace **no data**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hus. Dave D. Watson**

(b) Address **Webb City, Missouri**

17. (a) **burial** (b) Date thereof **1/28/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City, Missouri**

19. (a) **JAN 27, 1948** (b) **H. C. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Webb City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1479 West Austin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26**
year **1948** hour **2:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 18 45** to **Jan 26 48**
that I last saw him alive on **Jan 26 48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic pneumonia**
Long illness in bed - 2 days
Cerebral thrombosis 2 1/2 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g3 PD**
Of autopsy

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
3. Signature **R. M. Stormont** (M. D. or other)
Address **Webb City, Mo** Date signed **1/27/48**

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

MOTHER FATHER

48-1-94

MAY 28 1948

State of N.J.

St. Joseph's

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 *E. W. Sledge*

Licensed Embalmer No. *2859*

P. O. Address *Clifton, N.J.*

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.