

FILED FEB 28 1948

State File No. _____

Registration District No. 38

Primary Registration District No. 5/20

Registrar's No. 53

1. PLACE OF DEATH: Boone
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (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 Mo. (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 6 Rural
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Marie Watson
 3. (b) If veteran, name war x
 3. (c) Social Security No. x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 17th
 year 1948 hour 8:45 minute A M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Baby
 6. (b) Name of husband or wife Baby
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 12 1948
 (Month) (Day) (Year)

Immediate cause of death Unknown
 Due to Believed to be malnutrition
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 -- Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
x x 5 hr. _____ min.
 9. Birthplace Boone Co. Mo
 (City, town, or county) (State or foreign country)

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?

 While at work? _____ (Specify type of place) (e) Means of injury 2

10. Usual occupation _____
 11. Industry or business Baby
 12. Name Walter W. Watson
 13. Birthplace Boone Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Wilma Marie Rowe
 15. Birthplace Nebraska
 (City, town, or county) (State or foreign country)
 16. (a) Informant W. W. Watson
 (b) Address R 6 Columbia
 17. (a) Burial (b) Date thereof 2-18-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oakland Cem.
 18. (a) Signature of funeral director R. O. Winters
 (b) Address Columbia Mo
 19. (a) 2-18-48 (b) Mrs. R. E. Palmey
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
158
 23. Signature R. W. Ward Carver
 Address Columbia Mo Date signed 2/18/48

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

MOTHER FATHER

Date Filed 2/27/08

District File Number

District Health Officer No. 9,

RECEIVED

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. Not Embalmed

Signed Lynnan Spink

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.