No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 4370

Registrar's No. 34

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks. (Specify whether years, months or days)
In this community: Most of life. No.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1124 Third St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Mrs. Martha Lautitia Watts.
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: R. E. Watts
6. (c) Age of husband or wife if alive: 82 years
7. Birth date of deceased: April (Month) 26 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10		hr. min.

9. Birthplace: Arrow Rock, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business: At home.
MOTHER
12. Name: Wm. White.
13. Birthplace: Rocheport, Missouri. (City, town, or county) (State or foreign country)
FATHER
14. Maiden name: Mary Watts.
15. Birthplace: Old Franklin, Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Forest Hopkins.
(b) Address: Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 29th 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Blackburn, Mo.
18. (a) Signature of funeral director: Goodman & Boller.
(b) Address: Boonville, Mo.
19. (a) 2-27-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 26 year: 1948 hour: 3 minute: 30 p. M.
21. I hereby certify that I attended the deceased from Jan 22, 1948, to Feb. 26, 1948, that I last saw her alive on Feb. 26, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 days.
Due to: Total confinement to Bed Since Jan. 22-1948.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage with left side Hemiplegia	35 days.

Major findings:
Of operations:
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: W. H. Ziegler (M. D. or other) M.D.
Address: Boonville Mo. Date signed: 2/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8/

District File Number _____

Date Filed 3-4-48

MAR 18 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 William Wood, Registered Apprentice No. 480, working under my personal supervision.

Signed J. W. Goodman

Licensed Embalmer No. 1178

P. O. Address Bronaville, 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.