S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1948

Registration District No. 2173

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4545

State File No. 11317

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Marshfield
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Louisa Eva Case

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July - 12 - 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	19	x hr. x min.

9. Birthplace Dallas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John W. Watkins
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Teresa Haynes
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Junge (dau.)

(b) Address Cole Camp, Missouri

17. (a) Burial (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Timber Ridge

18. (a) Signature of funeral director Lex Rainey

(b) Address Marshfield, Missouri

19. (a) 2-3-48 (b) J. Francis
(Date received local registrar) (Registrar's signature) 347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1948 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 30, 1948, to Feb. 1, 1948;
that I last saw her alive on Jan. 31, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lung	About 18 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to 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 C. P. Macdonnell (M. D. or other) M.D.

Address Marshfield, Mo. Date signed 2/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-340
Date Filed MAR 31 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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.