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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12229

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 348

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 231 E. Division
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Lella Watson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race WHITE

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

6. (b) Name of husband or wife Frank Watson

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

7. Birth date of deceased October (Month) 1 (Day) 1870 (Year)

8. AGE: Years 77 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

FATHER
12. Name Washington Leroy Emerson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elmina East
15. Birthplace Greene County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert King, daughter
(b) Address Sarcoxie, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn, Springfield, Mo

18. (a) Signature of funeral director Greenwade Funeral Home
(b) Address Willard, Missouri

19. (a) 4-23-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 4-17, 1948, to 4-23, 1948
that I last saw her alive on 4-23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
Due to: Hypertension	D.K.
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 O

23. Signature W K Pope (M. D. ~~or other~~)
Address Springfield Mo Date signed 4-23-48

(Licensed Embalmer's Statement on Reverse Side)

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 Mrs E. H. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, 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.