

FILED APR 23 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **3348**

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Mo Baptist Hospital
(If not in hospital or institution, write street number of 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 Missouri (b) County 57

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

(d) Street No. M.R. (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Moses Russell Watts

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 5:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-3-48 19 to 4-4-48 19
that I last saw him alive on 4-4-48 19
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jennie

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 28th 1890
(Month) (Day) (Year)

Immediate cause of death Pneumonia terminal

Due to Myocardial infarction

Due to Cardiac Decompensation acut.

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 57 Months 10 Days 14
If less than one day _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Elsberry Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Rock Quarry

12. Name W W Watts

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Annie Kemper

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Kemper

(b) Address Elsberry Missouri

17. (a) burial (b) Date thereof 4-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Mo

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Elsberry, Mo

19. (a) APR 7 1948 (Date received by registrar)

J. F. Prueck (Registrar's signature)

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 0 4/5

23. Signature R K Andrews (M. D. or other) 154

Address 3120 Washington Date signed 1948

3348

APR 26 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 Howard G. Rawland

Licensed Embalmer No. 3114

P. O. Address W. Rawland 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.