S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15384

Registration District No. 25 | Primary Registration District No. 5094 | Registrar's No. 17

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural - Osage Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2 - Rich Hill 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 2 Weeks. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Logan 999

(c) City or town Paris, (If outside city or town limits, write "RURAL") 3

(d) Street No. 409 E. Chism (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Joseph W. Watson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex M0 | 5. Color or race W | 6. (a) Single, widowed, ~~married~~, ~~divorced~~ W 2

6. (b) Name of husband or wife Jane Elizabeth Watson | 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased January (Month) 26 (Day) 1869 (Year)

8. AGE: Years 79 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Ironton (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Coal Operator - Retired

11. Industry or business Self.

FATHER
12. Name Thomas T. Watson
13. Birthplace Edenburg (City, town, or county) Scotland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert Watson

(b) Address Route 2 - Rich Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Wood Cem - Paris, Ark.

18. (a) Signature of funeral director Booth

(b) Address 510 E Park - Rich Hill, Mo.

19. (a) 5-20 1948 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1948 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 19, 1948 to May 20, 1948 that I last saw him alive on May 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage | Duration 24 hours

Due to Hypertension | ?

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 [signature] (M. D. or other)

Address [illegible] Date signed May 20 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number K-48-571
Date Filed 5-26-48

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 John G. Lindenwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.