No. 300
—10-47
5-17-39
PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25753

Registration District No. 67 Primary Registration District No. 4118 Registrar's No. 17

**1. PLACE OF DEATH:**

(a) County Christian

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Christian

(c) City or town Sparta Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert M. Watts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W

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

6. (b) Name of husband or wife Belle Watts

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug (Month) 14 (Day) 1871 (Year)

8. AGE: Years 77 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Bus Operator

11. Industry or business

FATHER
12. Name Tom Watts
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Watts
(b) Address Sparta Mo.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof Aug 20-48
(Month) (Day) (Year)

(c) Place: burial or cremation Monger Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) Sept 1-48 (Date received local registrar) (b) Lillie Barrd (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 18th
year 1948 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 18th, 1948, to Aug 18, 1948, that I last saw him alive on Aug 18th, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac Thrombosis | 4 hrs |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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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 Warren W. Wilson (M. D. or other)
Address Sparta, Mo. Date signed Sept 1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 948-997
Date Filed SEP 3 1948

SEP 10 1948

SEP 15 1950

JUL 23 1958

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.**