

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 30 1948
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
2000

State File No. 26006
Registrar's No. 711

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community About 9 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Louise Watson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 16 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Holbert Bond.

13. Birthplace Polk County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Corena Lemmons

15. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant W.H. Pipkin, Nephew

(b) Address R. 7, Springfield, Missouri
17. (a) burial (b) Date thereof 8-26-1948
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation Wesley's Cemetery.

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

19. (a) 8-27-48 (b) W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town At Springfield last 9 months
(If outside city or town limits, write "RURAL")
(d) Street No. Her Home was Willard for 60 yr
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month aug day 24th
year 1948 hour 8 PM minute 0 P. M.
21. I hereby certify that I attended the deceased from aug 23 1948 to aug 24 1948
that I last saw her alive on aug 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 24 hours
Due to Cerebral hemorrhage 24 hr
Due to generalized atherosclerosis several years
Other conditions fracture intertrochanteric left femur 24 hr
Major findings: Of operations _____
Of autopsy 186/15
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) accident
(b) Date of occurrence Aug 23 1948
(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
607 N Main st Springfield Mo
(Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Daniel L. Young M. D. or other? _____
Address Springfield Mo Date signed aug 24 48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

39
2
6
0

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. W. Greenyade

Licensed Embalmer No 2095

P. O. Address.....

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.