

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution: East Part of Bethany
(d) Length of stay: In hospital or institution Three Years
In this community Three Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Thomas Watts
(b) If veteran, name war
(c) Social Security No.
4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Astella Watts
(c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 24 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 20
If less than one day hr. min.

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

10. Usual occupation Common Labor
11. Industry or business Produce

MOTHER FATHER

12. Name Jerry Watts
13. Birthplace Atchinson County Mo
14. Maiden name Nancy Jane Easterley
15. Birthplace Atchinson County Mo

16. (a) Informant Robert O Watts
(b) Address Bethany Mo

17. (a) Burial Foster Cemetry
(b) Date thereof Aug 16 1948
(c) Place: burial or cremation

18. (a) Signature of funeral director W. H. Noble
(b) Address New Hampton Mo

19. (a) Aug 27 '48 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Bethany
(d) Street No. East Part Of Bethany
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 14
year 1948 hour Near Two minute A M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide By Hanging
Due to

Other conditions
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) Suicide
(b) Date of occurrence Aug 14 1948
(c) Where did injury occur? Bethany
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
near the home
While at work? (Specify type of place) (e) Means of injury
23. Signature Joe E. Wheeler
Address Bethany Mo Date signed Aug 15 1948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.