. No. 2
—1/47
5-17-39

49
2
5

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1948

Registration District No. 256

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 30146

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community: 75 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kans (b) County: Cherokee 99
(c) City or town: Galena 14
(If outside city or town limits, write "RURAL")
(d) Street No.: III4 Elm St 0
(If rural, give location) 2
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Minnie Almeta Watson
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 22 (Day) 1873 (Year)
8. AGE: 75 Years, 6 Months, 22 Days; If less than one day: hr. min.
9. Birthplace: (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER
12. Name: Martin Mills
13. Birthplace: (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name: Jane Roberts
15. Birthplace: (City, town, or county) No Record (State or foreign country)
16. (a) Informant: Alice Laylra
(b) Address: Galena, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Galena Kans
18. (a) Signature of funeral director: Peteet Funeral Home
(b) Address: Galena, Kansas
19. (a) 9-15-48 (Date received local registrar) (b) Edw Jessey By Dolores Langhurst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 14
year: 1948 hour: II minute: 30 P.M.
21. I hereby certify that I attended the deceased from January, 1948, to 14 Sept, 1948, that I last saw her alive on 14 Sept, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	9 mo.
chronic	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 95C	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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? Means of injury
23. Signature: Robert E. Powell (M. D. or other) M.D.
Address: Galena, Kansas Date signed 15 Sept '48

Jefferson City Printing Co. 100-0 (Licensed Embalmer's Statement on Reverse Side)

48-9-791

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 Haven Lewman

Licensed Embalmer No. 2067 Kans

P. O. Address Galena Kans

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.