

FILED SEP 20 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 125

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

1. PLACE OF DEATH:

(a) County Vermont
(b) City or town Rural Wash Mt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo 5 days
In this community 1 year 5 months 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FLORENCE WATKINS

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

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced wid 2

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 10 - 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business ✓
MOTHER FATHER { 12. Name Thomas Wiley
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susan Burns
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof Sep 14 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removal to Smithton, Mo

18. (a) Signature of funeral director William E. Hayes

(b) Address Nevada Mo.

19. (a) 9-16-48 (b) Waltham Nancy
(Date received local registrar) (Registrar's signature) 5-11

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 Vermont 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1948 hour _____ minute 45 A M.

21. I hereby certify that I attended the deceased from 4-9-47 to 9-14-48 1948
that I last saw her alive on 9-13-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration ?

Due to ✓

Due to ✓

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations 9375
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) (e) Means of injury _____
While at work? ✓
23. Signature W. Hall (M. D. or other) MD
Address Nevada Mo Date signed 9-14-48

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1094

Date Filed 9-18-48

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.....

Bert B. Bennett Registered Apprentice No. 83
working under my personal supervision.

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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, above space should be left blank.