

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

Registration District No. 124

Primary Registration District No. 3038

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution 813 Suncoast  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 413 Giles St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN WATTS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race A

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

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

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

7. Birth date of deceased Feb. 2 - 1876  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 7 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mount Sterling Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name James M. Watts

13. Birthplace D.K. D.K.  
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. D.K.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Houck

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Aug-11-1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill

18. (a) Signature of funeral director Hill Funeral Home

(b) Address Brookfield Mo

19. (a) 8-12-49 (b) H. B. Erwin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1949 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from April 25  
1949 to Aug 9 1949

that I last saw him alive on Aug 3 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 3 days

Due to arterial hypertension 2 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ 431X-  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

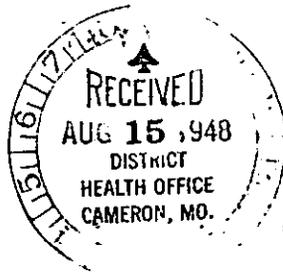
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. B. Erwin (M. D. or other) Dr

Address Brookfield Mo Date signed 8-11-49



**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 \_\_\_\_\_

Licensed Embalmer No. 2246

P.O. Address Brookfield 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.**