No. 300
10.48

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

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29534

BIRTH NO. 47409-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1031

117 / 1

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6626 Sherman St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0111 0
d. STREET ADDRESS (If rural, give location): 6626 Sherman St.

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle):
c. (Last): WATTS

4. DATE OF DEATH (Month): 9 (Day): 3 (Year): 1950

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0

8. DATE OF BIRTH: 9-3-1950

9. AGE (In years last birthday): If under 1 year: Months: Days: If under 24 hrs.: Hours: 3 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): St. Joseph, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hallie Watts

13b. MOTHER'S MAIDEN NAME: Mary M. Ball

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hallie Watts 6626 Sherman St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 2hrd.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cause unknown for premature birth.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

774X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: No operations

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 3, 1950, *to* Sept. 3, 1950, *that I last saw the deceased alive on* Sept. 3, 1950, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Elliott M.D.

23b. ADDRESS: 801½ Francis St. Joseph Mo

23c. DATE SIGNED: 9-5-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 9-5-1950

24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows

24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Sept. 12, 1950

REGISTRAR'S SIGNATURE: 382 E. C. Jenkins 0

25. FUNERAL DIRECTOR'S SIGNATURE: John E. Rupp

ADDRESS: St. Joseph, Mo.

(Licensed Embalmer. Statement on Reverse Side)

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~~ body was not embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.