

FILED MAY 1 1943

Registration District No. _____

Primary Registration District No. 3011

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Carrollton
 (c) Name of hospital or institution: Jefferson 1st
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 18 yrs. (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
 (c) City or town Carrollton
 (d) Street No. _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter W Watson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edith Carothers 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased June 6 1880
 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business _____

12. Name Thos Watson

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

14. Maiden name America Crank

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

16. (a) Informant Mrs W W Watson

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 4-10-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 4-10-43 (b) Wm James Rafferty
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
 year 1943 around 11:30 AM to 11:30 PM

21. I hereby certify that I attended the deceased from Crown Call, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cause Unknown

Due to Found dead on the streets of Carrollton, Mo.

Other conditions 200
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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) _____ Means of injury _____
 23. Signature Dr. Edward P. Smith, D.O. Coroner
 Address 111 So Main Carrollton Mo Date signed 4/8/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-30-43

MAY 3 1943

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 _____

Ben W. Gibson

Licensed Embalmer No. _____

2961

P. O. Address _____

Carrollton 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.