

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6415

State File No. \_\_\_\_\_

Registration District No. 2112

Primary Registration District No. 5212

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Russellville Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clark  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community. \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Rumsey S. Watts  
3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If  
alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 7 1859  
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 19 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name John B. Watts  
13. Birthplace Russellville Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Cynthia Payne  
15. Birthplace Russellville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Watts  
(b) Address Alton

17. (a) Burial (b) Date thereof 2-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Cem

18. (a) Signature of funeral director W. H. H. H.  
(b) Address Russellville Mo

19. (a) Mar 2, 1942 (b) Mrs F. J. Kallenbach  
(Date received local registrar) (Registrar's signature) 11007

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Russellville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26  
year 1942 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb. 15  
1942 to Feb. 23, 1942

that I last saw him alive on Feb. 23  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration \_\_\_\_\_

Due to Renal Insufficiency

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

Other conditions MOXSLBERG, SCLERNIS  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 13363

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 E. M. Eberhart (M. D. or other) 20  
Address Russellville Date signed 2/28/42

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

**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

*H. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville, 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.**