

REC'D MAR 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7436
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 556
(b) Township Princeton Primary Registration District No. R378 Registered No. 3
(c) City Princeton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Washburn 216

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1925
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 10 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Princeton (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Washburn

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Knapp

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) James Washburn, Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE June 23, 1938

19. FUNERAL DIRECTOR (ADDRESS) Noel Mass, Princeton, Mo.

20. FILED Feb 25, 1939 John Curry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to June 23, 1938
I last saw h.i.m. alive on June 23, 1938 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Ruptured Appendix (gangrenous) Date of onset 18.00.00
Peritonitis Princeton

Other contributory causes of importance: 121

Name of operation appendectomy Date of operation June 23
What test confirmed diagnosis? Pathology Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) John Curry, M. D.
Princeton, Mo. (Address) 4711

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Body was not embalmed, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Paul Moss

Licensed Embalmer No. 2634

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.)