REC'D AUG 18 1939

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

26123
Do not use this space.

56

1. PLACE OF DEATH
(a) County Lewis
(b) Township LaBelle
(c) City
(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 / 1 Registration District No. 481
Primary Registration District No. 5643 B
Registered No. 10

2. PRINT FULL NAME 252 Mary Ann Washington
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: ~~White~~ Black.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Isaac Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22.1857

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
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) (STATE OR COUNTRY) Lewis County Missouri.

FATHER
13. NAME Sip Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

MOTHER
15. MAIDEN NAME Reheil Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

17. INFORMANT Isaac Washington
(ADDRESS) Lewistown Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monticello. Mo DATE July 12 1939

19. FUNERAL DIRECTOR James A Cader
(ADDRESS) Lewistown, Missouri

20. FILED July 11 1939 James A Cader
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1939 to July 10 1939
I last saw her alive on July 7 1939. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of descending colon locally advanced Rectum	Feb 20 1939
Other contributory causes of importance: Senile Dementia	4 yrs

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify
(Signed) Mary L. McCracken M.D.
(Address) Lewistown Mo.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. Not should be stated "Unknown" or "None" unless such
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 8-39-1472
AUG 9 1939
Date Filed

STATEMENT BY LICENSED EMBALMER

I, James A Cader; Licensed Embalmer No. 2532

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 James A Cader

Licensed Embalmer No. 2532

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.)