

Registration District No. 1000
1000

Primary Registration District No. 3032

Registrar's No. 280

044

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 709 N. Wash.
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATSEY WASHINGTON

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

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James Washington 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation housework

11. Industry or business Self

MOTHER FATHER { 12. Name Henry Taylor 9
13. Birthplace Copper Co. Mo
14. Maiden name Ann Brown
15. Birthplace Union Mo

16. (a) Informant Mattie Fulcher

(b) Address Sedalia

17. (a) Sedalia Mo (b) Date thereof Sept 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. F. Ferguson

(b) Address Sedalia Mo

19. (a) Sept 4, 1940 (b) Wm. Harry Sneed (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 709 N. Washington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1940 hour _____ minute 12:45 M.

21. I hereby certify that I attended the deceased from August 24, 1940, to August 29, 1940, that I last saw her alive on August 29, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Myocarditis

Due to _____
Due to _____
Other conditions Chro. Interstitial Nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
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? _____
906 (Specify type of place) (e) Means of injury _____
23. Signature A. B. Maddox (M. D. or other) _____
Address 116 3/4 W. Main Date signed 9-3-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-11-70

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

Notc: 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.