

Registration District No. 604

Primary Registration District No. 5798

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

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural De Paul Ave  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community 20 years  
years, months or days)

8. (a) PRINT FULL NAME MINARD WASHINGTON

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

4. Sex M 5. Color or race O. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA WASHINGTON 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 25 - 1894  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 23 If less than one day hr. min.

9. Birthplace MEMPHIS ALABAMA  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING 9

11. Industry or business No 9

12. Name V.N.K. 1

13. Birthplace V.N.K.  
(City, town, or county) (State or foreign country)

14. Maiden name V.N.K.

15. Birthplace V.N.K.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Washington

(b) Address Partaquell, R.1

17. (a) Burial (b) Date thereof Oct 20 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Land Hill

18. (a) Signature of funeral director Richardson and Co

(b) Address New Madrid, Mo.

19. (a) 10/28/1940 (b) Edwin O. Bannan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18  
year 1940 hour 7:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Oct 3  
\_\_\_\_\_, 1940, to Oct 18, 1940

that I last saw him alive on Oct 10, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Myocarditis  
Six or Eight Months

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

Other conditions A2H  
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
573 No  
(Specify type of place)

While at work? 1 (e) Means of injury \_\_\_\_\_

23. Signature Claude McFarren (M. D. or other) \_\_\_\_\_

Address Marion, Mo. Date signed Oct 18 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2,

District File Number 1140-162

Date Filed 11/1/40

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**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 Leo Hedgcock.....

Licensed Embalmer No. 3803

P.O. Address New Modesto 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.