

JAN 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43058

Registration District No. 477

Primary Registration District No. 4287

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ewing
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 years (Specify whether)
years, months or days _____

3. (a) PRINT FULL NAME Emmet Audra Washburn

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

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

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

7. Birth date of deceased July 20, 1897
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Ewing Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blind - had none

11. Industry or business _____

12. Name Joseph W. Washburn

13. Birthplace Ewing Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Schenk

15. Birthplace West Quincy Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Washburn

(b) Address Ewing Mo.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Ewing Masonic

18. (a) Signature of funeral director Frank Ball
(b) Address Ewing Missouri

19. (a) Dec. 15, 1940 (b) J. M. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Ewing
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th
year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 5
1940, to Dec 8th, 1940
that I last saw him alive on Dec 8th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Dysrhythmic
Pneumonia

Due to Cerebral hemorrhage

Due to _____

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

Major findings: Examp. lab. D.P.
Of operations none

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
While at work? none (Specify type of place) (e) Means of injury none

23. Signature Joseph W. Cable (M, D, or other) 3
Address Ewing Mo Date signed 12-8-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-41-194

Date Filed JAN 15 1941

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Eving, 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.