

APR 3 1941
Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **44**

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

1. PLACE OF DEATH: **Clay**
 (a) County **Clay**
 (b) City or town **Excelsior Springs, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
 (Specify whether **0**)
 In this community **unknown**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2721 Brooklyn**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **---** years.

3. (a) PRINT FULL NAME **Dillard WASHINGTON**

3. (b) If veteran, name war **World** 3. (c) Social Security No. **499-09-6657**

4. Sex **Male** 2. 5. Color or race **Colored** 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 **Sept. 23, 1896**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	5	23	hr. min.

9. Birthplace **Houston, Texas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Bell hop**

11. Industry or business **Hotel**

12. Name **Charles Washington**

13. Birthplace **Texas**
 (City, town, or county) (State or foreign country)

14. Maiden name **Willie ??**

15. Birthplace **Texas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Hospital records**

(b) Address **3-19-41**

17. (a) **Tulsa, Oklahoma** (b) Date thereof **3-19-41**
 (Date of death or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Removed to Tulsa, Okla.**

18. (a) Signature of funeral director **Claude Prichard**
 (b) Address **Excelsior Springs, Mo.**

19. (a) **March 19-1941** (b) **Mrs. P. M. Conner**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18th**
 year **1941** hour **6:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 13, 1941** to **March 18, 1941**

that I last saw him alive on **March 18, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilitic disease of the aorta with aneurysm, class 4**

Due to **---**

Due to **---**

Other conditions **---**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **---**

Of autopsy **No 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?
 (Specify type of place) (Specify type of place) (Specify type of place)

23. Signature **A. N. J. Doherty** (M. D. or other) **MD**

Address **Veterans Administration** Date signed **3-18-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
4-2-41
Date Filed

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.