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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17137

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1799

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson Missouri
(c) Name of hospital or institution: Seul Hosp # 210
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 2.5
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 575 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME CEO WASHINGTON

3. (b) If veteran, name war Don't know 3. (c) Social Security No. none

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 1, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Geo. Washington

13. Birthplace mo, O
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Marshall

(b) Address 537 Charlotte

17. (a) Burial (b) Date thereof May 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cem.

18. (a) Signature of funeral director Flynn + Brewster
(b) Address city

19. (a) May 6, 1941 (b) M. M. Korov
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22 year 1941
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4-22-41 to _____, 19____;
that I last saw alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Acute pulmonary congestion
Acute cardiac dilatation

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____ about home, on farm, in industrial place, in public place?

While at work _____ (Specify part of place) _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address K.C. mo Date signed _____

Be 5142

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 Edw. Stevens

Licensed Embalmer No. 3836

P. O. Address 848 15th St KC 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, fact should be so stated above.