S. No. 2
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. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19200

Registration District No. 836 Primary Registration District No. 6100 Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) ~~City or town~~ Rural - Elk Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community Ten years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 102

(c) City or town Rural 0 (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.

3. (a) PRINT FULL NAME Wallace Washington

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Evalina Washington

6. (c) Age of ~~husband~~ or wife if alive 41 years

7. Birth date of deceased Sept. (Month) 17 (Day) 1900 (Year)

8. AGE: Years 40 Months 8 Days 5 If less than one day hr. — min.

9. Birthplace Louisiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jim Washington
13. Birthplace Louisiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lilly Greene
15. Birthplace La. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Willie Washington

(b) Address Malden Mo Route #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Broad Water Cemetery

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Bernie Mo

19. (a) 6/1/41 (Date received local registrar) (b) Laura Hopkins (Registrar's signature) By Vivian Jeffress

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 11 minute 15 a. M.

21. I hereby certify that I attended the deceased from May 9, 1941, to May 22, 1941, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	
Due to 61	
Due to	
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 or about home, on farm, in industrial place, in public place? 893 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Hux (M. D. ~~or other~~) 0

Address Essex Mo Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 641-7
Date Filed 6/9/41

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 John Clifton Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.