

SEP 15 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27995

Registration District No. 163  
Primary Registration District No. 4095

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar

(c) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VERNON D. WASHINGTON

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July 27 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 26 Days 8:30 P min.

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

10. Usual occupation post master

11. Industry or business \_\_\_\_\_

12. Name Geo Washington

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

14. Maiden name Mary Virginia Hawk

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

16. (a) Informant Martha Washington

(b) Address Garden city Mo

17. (a) Burial (b) Date thereof aug 26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Mo

18. (a) Signature of funeral director Carolyn Nafus

(b) Address 206 S Main Eldorado Spgs

19. (a) 8-26-1941 (b) W Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1941 hour 8:30 minute P - M.

21. I hereby certify that I attended the deceased from Aug 11 1941 to Aug 23 1941; that I last saw him alive on Aug 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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

Due to 83A

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature W Dawson (M. D. or other) \_\_\_\_\_  
Address Eldorado Spgs Date signed 8-26-41

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

20  
1  
0

UJ 10 1941

RECEIVED

Director Health Officer No. 7,

Disposal file number 9-41-1658

Date Filed 9-11-41

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 Mrs. Carolyn Hafus

Licensed Embalmer No. 2635-

P. O. Address El Dorado Spgs. 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.