

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED NOV 18 1941
830

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36300
Registrar's No. 33

Registration District No. 830 Primary Registration District No. 6091

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Rural - Salt River Twp
(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 60 years years, months or days)

3. (a) PRINT FULL NAME Charles Stephenson Washburn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate Belle Washburn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 24 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin E. Washburn
13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Darrell E. Washburn
(b) Address Shelbina R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Mo.

19. (a) Nov 7 41 (Date received local registrar) (b) Ruth Hayes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby
(c) City or town Rural
(d) Street No. N.E. Shelbina, Mo. 4 miles (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 30 year 1941 hour 10 minute 30 AM.
21. I hereby certify that I attended the deceased from 1925 19 _____ to Oct 15-41 19 _____
that I last saw him alive on Oct. 15-41 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Prog. Spinal Sclerosis Duration 6 yrs.

Due to _____
Due to _____

Other conditions Stress (Include pregnancy within 3 months of death)
12-1

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? _____

While at work _____ (Specify type of place) (e) Means of injury 0
23. Signature W.M. Ford (M. D. or other) _____
Address Shelbina Date signed 11/7/41

149 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 11-41-2088

Date Filed NOV 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.....

Me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1437

P. O. Address..... Shelburne, 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.