

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County: Marion
(b) City or town: Hannibal
(c) Name of hospital or institution: 1704 Wardlow St.
(d) Length of stay: In hospital or institution.
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Marion 64
(c) City or town: Hannibal 3
(d) Street No: 1704 Wardlow St 4
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fetta Washington

3. (b) If veteran, name war: No. 3. (c) Social Security No.

4. Sex: Female 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: William 6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: 11 (Month) 27 (Day) 1884 (Year)

8. AGE: Years 56 Months 11 Days 26 If less than one day hr. min.

9. Birthplace: Hannibal, MO (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER { 12. Name: Henry McElroy
13. Birthplace: Hannibal, MO (City, town, or county) (State or foreign country)
14. Maiden name: Mary
15. Birthplace: Hannibal, MO (City, town, or county) (State or foreign country)

16. (a) Informant: Fetta Washington (b) Address: 1704 Wardlow

17. (a) (b) Date thereof: 11 25 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson Cem

18. (a) Signature of funeral director: H. E. Roberts (b) Address: Hannibal

19. (a) 10/28/1941 (Date of local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23 year 1941 hour 1 minute PM
21. I hereby certify that I attended the deceased from Aug 15 - 1941 to 11 - 22 - 1941
that I last saw her alive on 11 - 22 - 41 and that death occurred on the date and hour stated above.

Immediate cause of death: Malnutrition
Toxemia

Due to: Carcinoma of lungs & stomach

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

Major findings: Of operations: Of autopsy: 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury: LD
23. Signature: J. E. Long M.D. (M. D. or other) Address: 209 Sawling St Date signed: 11-27-41

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

JAN 13 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 38814

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1704 Wardlaw St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community (Life) 51 ym 11 mo 26 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 Wardlaw
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lutia Washington

3. (b) If veteran, name war V 3. (c) Social Security No. 264

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Wellsie Washington 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov 27 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 26
(If less than one day hr. min.)

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

10. Usual occupation housewife

11. Industry of business housewife

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 23
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-9-41 to 11-23-41, 1941,
that I last saw him alive on 11-22-41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death metastasis from carcinoma of stomach Duration 3 mo

Due to metastasis from primary ca. Breast

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

Major findings: Of operations None

Of 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? _____

While at work? no (Specify type of place) _____ (e) Means of injury _____

23. Signature R. E. Long (M. D. or other) _____

Address 209 Dowling St Date signed 1-9-42
Hannibal Mo

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

MOTHER FATHER

SUPPLEMENT

JAN 13 1942

S-38814