S. No. 2
—1-4-41
. 5-17-39
PI X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
No given Name, Initial only.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 6020

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Buchannan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1514 So. 6th None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I5I4 S. 6th St. (Specify whether)

In this community I2 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchannan

(c) City or town Saint Joseph (If outside city or town limits, write "RURAL")

(d) Street No. I5I4 South 6th St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME A. D. Washington

3. (b) If veteran, name war Ist. World, s War

3. (c) Social Security No. 49I-IO-I492

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased January (Month) IO (Day) I887 (Year)

8. AGE: Years	Months	Days	If less than one day
55	I	7	hr. min.

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

10. Usual occupation Laborer

11. Industry or business None

FATHER
12. Name Wash Washington
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Marshall
15. Birthplace Saline CO. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant A. M. Washington

(b) Address 27II Mary Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/ 20/I942 (Month) (Day) (Year)

(c) Place: burial or cremation Wards Worth Kansas

18. (a) Signature of funeral director RAMSEY AND SON

(b) Address I602 Mesa

19. (a) FEB. 19. 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day I7/I942 year I942 hour minute IO-I8 A.M.

21. I hereby certify that I attended the deceased from Feb 16, 1942 to Feb 17, 1942 that I last saw him alive on Feb 16 – 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia — Duration 3 days

Due to alcoholism & exposure in a cold room.

Due to

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations
Of autopsy none made

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fenton N. Goodson (M. D. or other)

Address 109½ W. MO. Date signed 2-20-42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

MAR 9 1942

MAR 26 1942

MAR 16 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address.....

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.