

FILED JUN 14 1943  
Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 22

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:  
No.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether)

In this community 1 1/2 about years  
(years, months or days)

3. (a) PRINT FULL NAME WARREN E. WASHINGTON

3. (b) If veteran, name war. No.

3. (c) Social Security No. No.

4. Sex M

5. Color or race BLACK

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 4 - 1922  
(Month) (Day) (Year)

8. AGE: Years 19 Months 9 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming, Hand.

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

12. Name Warren E. Washington

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

14. Maiden name Anna Bell Marquette

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

16. (a) Informant Magnum Washington

(b) Address New Madrid

17. (a) Burial (b) Date thereof 4-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid

18. (a) Signature of funeral director Richardson

(b) Address New Madrid, Mo.

19. (a) May 7, 1943 (b) Alice Spitzer  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 10 miles N.W. of New Madrid  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 22 1943 to April 22 1943 that I last saw him alive on April 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Epileptic Demerolage

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

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

Other conditions (Include pregnancy within 3 months of death) 103

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

Of autopsy \_\_\_\_\_

Duration 4 Days

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)

Means of injury \_\_\_\_\_

23. Signature Paulus P. Bann (M.-D. or other) D.O.  
Address New Madrid, Mo. Date signed 4-26-43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 643-834

Date Filed 8-11-48

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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 Not Embalmed.....

Licensed Embalmer No.....

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.**