

FILED NOV 10 1944

Primary Registration District No. 5911

Registrar's No. ....

1. PLACE OF DEATH: *Pemiscot*  
 (a) County *Pemiscot*  
 (b) City or town *Rural Pascola Top*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution *1*  
 (Specify whether  
 In this community *2 yrs.*  
 years, months or days)

3. (a) PRINT FULL NAME *Joseph W. Washington*  
 3. (c) Social Security No. ....  
 3. (b) If veteran, name war .....  
 name war ..... No. ....

4. Sex *M* 5. Color or race *Col* 6. (a) Single, widowed, married *married*  
 divorced *married*  
 6. (b) Name of husband or wife *Alice S. Washington* 6. (c) Age of husband or wife if  
 alive *4 23* years  
 7. Birth date of deceased *8 4 1905*  
 (Month) (Day) (Year)

8. AGE: Years *39* Months *2* Days *16* If less than one day  
 hr. min.

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

10. Usual occupation *Laborer*

11. Industry or business *Farm*

12. Name *Joseph Washington*

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

14. Maiden name *Mary Leontina Lewis*

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

16. (a) Informant *Alice S. Washington*

(b) Address *Pascola, Mo.*

17. (a) *Burial* (b) Date thereof *Oct 22 1944*  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Pascola, Mo.*

18. (a) Signature of funeral director *J. G. Smith*

(b) Address *Hayts, Mo.*

19. (a) *11-7-44* (b) *Mrs. P. P. Cole*  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *Pemiscot*  
 (a) State *Mo* (b) County *Pemiscot*  
 (c) City or town *Rural* 78  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. *Pascola Township* 9  
 (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 *20*  
 year *1944* hour *8* minute ..... M.

21. I hereby certify that I attended the deceased from  
 ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death *knife wound into heart.*  
 Due to .....

Due to .....

Due to .....

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations *167*

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *homicide*

(b) Date of occurrence *Oct. 20 1944*

(c) Where did injury occur? *Pascola Pemiscot Mo*  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
*on farm*

While at work *no* (Specify type of place) (e) Means of injury *knife*

23. Signature *C. V. Moore* (M.D. or other)  
 Address *Hayts, Mo* 3 Date signed *10/22/44*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18000

10-44-269

MAR 8 1948

NOV 16 1944

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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.....

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.**