V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40408

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5063

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1211 Michigan ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 Michigan 8
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Thaddius Washington

3. (b) If veteran, name war no

3. (c) Social Security No. 844-10-9942

4. Sex Male

5. Color or race Col

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

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

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

7. Birth date of deceased June (Month) 23 (Day) 1910 (Year)

8. AGE: Years 34 Months 5 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Labor

11. Industry or business .....

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

MOTHER
14. Maiden name Lula Hamilton
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Theo Hammilton
(b) Address 2104 E 11 st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Country

18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18 st

19. (a) 12-13-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., ..., 19...; that I last saw ..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to .....

Due to .....

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy See above

Duration

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 L. P. Richardson (M. D. or other) 3

Address 1832 Vine Date signed 12-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th

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.