

Registration District No. 323

Primary Registration District No. 4-4-2723

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Blackburn
(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 _____ (Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Blackburn 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME ALBERT LEE WASHBURN

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

4. Sex Male 6. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Washburn 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased July (Month) (Day) (Year) 1867

8. AGE: Years 81 Months 2 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George Otis Washburn
13. Birthplace Ferris Vermont (City, town, or county) (State or foreign country)
14. Maiden name Ann Burns
15. Birthplace Hagersville MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. C. Christian
(b) Address Blackburn MO

17. (a) Burial (b) Date thereof 9-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blackburn Cemetery

18. (a) Signature of funeral director G. J. Memmert
(b) Address Blackburn MO

19. (a) 9/29/45 (b) Dolly Andrew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 45 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-22-45, 1945, to 9-25, 1945; that I last saw him alive on 9-25-45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to Myocardial Failure
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy III

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) (c) Means of injury _____

23. Signature E. L. Warren (M. D. or other) 80
Address Marshall MO Date signed 9/26/45

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

97
0
0

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 10-17-41

APR 11 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 Roy J. Wagner

Licensed Embalmer No. 2883

P. O. Address Higginsville

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, above space should be left blank.