S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29699

Registration District No. 49 FILED SEP 18 1946

Primary Registration District No. 5142

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: 3 miles NE of Neelyville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Neely Twp. (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura Washington

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 3

5. Color or race col.

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. (Month) 28 (Day) 1881 (Year)

8. AGE: Years 64 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Phillips Co. (City, town, or county) Ark (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Adam White
13. Birthplace unk (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Hattie Turner
15. Birthplace unk (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Geo. Washington
(b) Address Neelyville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville Mo

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor, Mo.

19. (a) 9-12-46 (Date received local registrar) (b) R H Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1946 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from June 1946 to Sept 9 1946
that I last saw her alive on Sept 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

48B

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 J. J. Farr (M. D. or other)

Address Neelyville Mo Date signed

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1123
Date Filed 9-16-46

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.

Not Embalmed

Signed Guy in McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

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.