

FILED DEC 6 1946  
Registration District No. 271946

Primary Registration District No. 3053

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla  
(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 Phelps

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

(d) Street No. 100 East Third St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lydia Washington

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 4  
year 1946 hour 11:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 1,  
1946, to November 4, 1946;  
that I last saw her alive on November 1, 1946;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Washington 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 22 1862  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of left ovary Duration 1 yr.

8. AGE: Years Months Days If less than one day

83	10	12	_____ hr. _____ min.
----	----	----	----------------------

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

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

9. Birthplace Phelps County Missouri  
(City, town, or county) (State or foreign country)

Other conditions: 499  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

11. Industry or business At home

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Louis Jones

13. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Belle Lawson

15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clark Bullock

(b) Address 100 E. Third, Rolla, Missouri

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Nov. 7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

(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? \_\_\_\_\_

18. (a) Signature of funeral director Walter P. Smith

(b) Address Rolla, Mo.

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

19. (a) 11-19-46 (b) Nadine L. Steele  
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Fain M.D. (M. D. or other)  
Address Rolla Mo. Date signed 12-3-46

---

---

**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.

Signed *J. W. Sollow*.....

Licensed Embalmer No *3043*.....

P. O. Address *Kella, 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.**