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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7, 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24031

Registration District No. 41

Primary Registration District No. 3025

Registrar's No. 17

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains Mo
(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 75 yrs — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Charlotta Matilda Washington

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

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

7. Birth date of deceased Oct 26-1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Charlotte, Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Geo Hooper
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Porter
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Chas Washington
(b) Address West Plains, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 6/22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Valley

18. (a) Signature of funeral director Roberts Mo
(b) Address West Plains Mo.

19. (a) 7-29-47 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 2 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1947 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from ..... 1938, to 6-20-1947; that I last saw her alive on 6-20-1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver & Gallbladder metastases to lungs, stage	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

46 F

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 E. C. Bohrer (M. D. or other) MD
Address West Plains Mo Date signed 7-7-47
Bohrer

(Licensed Embalmer's Statement on Reverse Side)

REC
Dis... No. 5,
District 847442
Date 8-5-47

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 George R Drago, Registered Apprentice No. 431, working under my personal supervision.

Signed Paige D Roberts

Licensed Embalmer No. 3435

P. O. Address West Plains 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.