S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31503 4177

FILED OCT 11 1947

Registration District No. 749 Primary Registration District No. 1602 Registrar's No.

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: 3537 MAIN STREET LINDEMAN CONVALESCENT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 MONTHS 4
(Specify whether
In this community: 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1212 N. 61ST TERRACE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: ELIZABETH ~~AGNES~~ WASHINGTON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE

4. Sex: FEMALE 1
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MR. MARSHALL WASHINGTON, SR.
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: OCTOBER 29 1856 (Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 2 If less than one day hr. min.

9. Birthplace: ST. CHARLES, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation: ----
11. Industry or business: AT HOME
MOTHER FATHER
12. Name: WILLIAM ARNOLD
13. Birthplace: BALTIMORE MARYLAND (City, town, or county) (State or foreign country)
14. Maiden name: LUCY NUNNELLY
15. Birthplace: MISSOURI (City, town, or county) (State or foreign country) 0
16. (a) Informant: Marshall Washington
(b) Address: 1212 N. 61st TERR. KC MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT-4-1947
(c) Place: burial or cremation: MONTGOMERY CITY CEMETERY MONTGOMERY MISSOURI
18. (a) Signature of funeral director: O. N. Newcomer's Son
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 10-3-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 1 57
year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 10, 1947, to Oct 1, 1947, that I last saw her alive on Oct 1, 1947, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial failure | |
| Due to: Coronary Sclerosis | |
| Due to: Generalized Arteriosclerosis and Senility | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: 0
Of autopsy: 13N

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature: Richard L. Lowry M.D. (M. D. or other)
Address: 4301 Main, K.C. Mo. Date signed: Oct 7 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 John E. Stoking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**