

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33417**

FILED SEP 18 1947

Registration District No. **230**

Primary Registration District No. **6112B**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**
 (b) City or town **Illmo**
 (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 **33 years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**
 (c) City or town **Illmo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Junius Washburn**

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

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Luka Penny Washburn**
 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **June 13, 1881**
 (Month) (Day) (Year)

8. AGE: Years **66** Months **3** Days **0**
 If less than one day _____ hr. _____ min.

9. Birthplace **Desota Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Business Man**

11. Industry or business **Transfer & Billing Station**

12. Name **George Washburn**

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

14. Maiden name **Laura Vinyard**

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

16. (a) Informant **Mrs. J. Washburn**

(b) Address **Illmo, Mo**

17. (a) **Burial** (b) Date thereof **Sep. 15, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **lightner Illmo, Mo**

18. (a) Signature of funeral director **Bisplinghoff Funeral Home**
 (b) Address **Illmo, Mo**

19. (a) **9-14-47** (b) **John J. Washburn**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13** 1947
 year _____ hour **11-** minute **5** A.M.

21. I hereby certify that I attended the deceased from **Sept. 1, 1947** to **Sept. 13, 1947**;
 that I last saw him alive on **Sept. 13, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
 Duration **3 days**

Due to **Hypertension**

Due to **Chr. myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Q3P**

Of autopsy _____

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) (e) Means of injury **U**

23. Signature **John J. Washburn** (M. D. or other) **med.**
 Address **Illmo, Mo** Date signed **9-14-47**

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

MOTHER FATHER

OCT 28 1947

RECEIVED

District Health Office No. 2,

District File Number 947-1246

Date Filed 9-12-47

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.....

Oliver C Amick....., Registered Apprentice No. 455
working under my personal supervision.

Signed Marnie Beploughoff.....

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.