. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 5 1947
Registration District No. 382

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34965
Primary Registration District No. 5655
Registrar's No. 157

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 120 days (Specify whether
In this community 120 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lessie Marie Washington
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Colored
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 15th (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	1	9	hr. min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Maid
11. Industry or business

FATHER
12. Name Jacob Johnson 0
13. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Belle Luther
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chetopa Kan
18. (a) Signature of funeral director H M Miller
(b) Address Chetopa Kan
19. (a) 10-28-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th
year 1947 hour 6:50 minute A M.
21. I hereby certify that I attended the deceased from June 25, 1947 to Oct. 24, 1947
that I last saw her alive on Oct. 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	
Due to	Over 1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
13B

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)
While at work? (e) Means of injury 0
23. Signature Y. Sugikawa (M. D. or other) MD
Address Mount Vernon, Mo Date signed 10-24-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1148
Date Filed NOV 3 1947

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 Herschel M. Miller

Licensed Embalmer No. 2189

P. O. Address Chetopa, Kansas.

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.