

FILED AUG 9 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25263**

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Nevada rural Wash. Twp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital 3 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 yrs 2 mo 27 d  
(Specify whether  
 In this community same  
years, months or days)

3. (a) PRINT FULL NAME ELLA-WASHBURN.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem. 5. Color or race wh. 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife L. A. Washburn 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 (?) unknown hr. min.

9. Birthplace: unknown unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business none

MOTHER FATHER { 12. Name unknown  
 13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Records State Hosp 3  
 (b) Address: Nevada Mo.

17. (a) Burial (b) Date thereof Aug 6 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp 3, Nevada

18. (a) Signature of funeral director Leary Funeral Home

(b) Address Nevada Mo.

19. (a) 8-5-48 (b) Nathaniel Spencer  
(Date received local registrar) (Registrar's signature) 3311

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1414 Paseo  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
 year 1948 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from May 7, 1946 to Aug 3, 1948  
 that I last saw her alive on Aug 2, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic  
 Due to Heart Disease  
 Due to Acute Sarcoid  
 Other conditions Dementia Praecox  
(Include pregnancy within 3 months of death)  
 Major findings: no operation  
 Of operations: no autopsy  
 Of autopsy: no autopsy

Duration  
 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) no  
 (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

28. Signature Paul L. Barone (M. D. or other)  
 Address State Hosp - Nevada Mo Date signed Aug 3

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

RECEIVED

District Health Officer No.

District File Number 7-488

Date Filed 8-7-48

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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 LB Terry

Licensed Embalmer No. 1760

P. O. Address Nevada MAO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.