

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34026

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>4458</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>24 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1411 1/2 East 18th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOVIE</u> b. (Middle) <u>PIERCE</u> c. (Last) <u>WASHINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 13 1949</u>		5. SEX <u>FEMALE</u>		
6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 17 1903</u>		9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>CENTERVILLE, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM KEARNEY</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY</u>		14. NAME OF HUSBAND OR WIFE <u>BENJAMIN WASHINGTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BENJAMIN WASHINGTON 1411 1/2 East 18th St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ULCERATIVE CYSTITIS WITH RUPTURE OF BLADDER</u> ANTECEDENT CAUSES <u>GENERALIZED PERITONITIS</u> HEPATIC <u>PULMONARY CONGESTION AND EDEMA</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>DUE TO (c)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>605X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10/9/</u> , 19 <u>49</u> , to <u>10/13/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/13/</u> , 19 <u>49</u> and that death occurred at <u>10:45P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Frank Ellis</u> (Degree or title)				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>10/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Kans. Citty, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>10-18-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. B. Davis N. C. Mo.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. E. Davis

Licensed Embalmer No. 4417

P. O. Address H. C. md.

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.