

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16870
1940

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (in this place) 20 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

d. STREET ADDRESS (If rural, give location) 1417 East 12th Street

3. NAME OF DECEASED

a. (First) JAMES b. (Middle) _____ c. (Last) WASHINGTON

4. DATE OF DEATH APRIL 28 1951

5. SEX MALE **6. COLOR OR RACE** NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MARCH 18 1904

9. AGE (In years last birthday) 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) SHREVEPORT, LOUISIANA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Washington

13b. MOTHER'S MAIDEN NAME Florence Coulter

14. NAME OF HUSBAND OR WIFE Pearl Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk

17. INFORMANT'S SIGNATURE OR NAME MAYNARD HARVEY **ADDRESS** 1417 East 12th Street

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA

ANTECEDENT CAUSES UREMIA

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CEREBRAL INTERSTITIAL & SUBARACHNOID HEMORRHAGE

DUE TO (c) HYPERTENSIVE CARDIO VASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS WITH RENAL INSUFFICIENCY (UNCOMPENSATED)
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 442 X

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4-21, 1951, to 4-28, 1951, that I last saw the deceased alive on 4-28, 1951, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Frank Ellis (Degree or title) MD

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 4-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/7/51

24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 5-5-51 **REGISTRAR'S SIGNATURE** Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Walter D. Beas **ADDRESS** 18th & Benton

(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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed Bruce R. Watkins.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4500.....

P. O. Address 18th & Benton.....

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.