S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 3990

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5479

Primary Registration District No. 1002

Registrar's No. 704

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2606 Woodland 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 35 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2606 Woodland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 252 Mattie Washington

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William H. Washington

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 2 (Day) 1880 (Year)

8. AGE: Years 59 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Pipes
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Willa Washington
(b) Address 2606 Woodland

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) Feb 16-40 (Date received local registrar) (b) MMCowur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1940 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from October 9, 1939, to Feb. 13, 1940
that I last saw her alive on Feb 13, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	
Due to Chronic Interstitial	
Due to nephritis	
Other conditions Uremia (Include pregnancy within 3 months of death)	4-5 days

Major findings:
Of operations —
—
Of autopsy —
—

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) —
(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 —

23. Signature Dr. L. Whitman (M. D. or other) M.D.
Address 1618 Lydia Date signed 2/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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, above space should be left blank.