

Registration District No. 77

Primary Registration District No. 5115C

Registrar's No.

1. PLACE OF DEATH:

(a) County Boone
(b) City or town McBane
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution Don't know
In this community Don't know

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town McBane
(d) Street No. None
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Washington

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha Washington 6. (c) Age of husband or wife if alive about 1856
7. Birth date of deceased Don't know

8. AGE: 85 Years Months Days If less than one day hr. min.

9. Birthplace Boone Co. Mo.

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Not Known
13. Birthplace Boone Co. Mo.
14. Maiden name ---
15. Birthplace ---

16. (a) Informant Laura Herndon

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 4-2-41

(c) Place: burial or cremation McBane

18. (a) Signature of funeral director Stewart P. Parker

(b) Address Columbia Mo

19. (a) Apr 2-1941 (b) Mrs James Reed

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1941 hour 11:37 minute --- M.

21. I hereby certify that I attended the deceased from 3-12-38 19 to 3-28-41 19
that I last saw him alive on 3-12-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death organic heart disease

Due to ---
Due to ---
Other conditions ---
(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy ---

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? ---
(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 ---

23. Signature --- Moore (M. D. or other) ---

Address 301 N. 5th Date signed 4-1-41

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

10000

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Stuart P. Parker*.....

Licensed Embalmer No. *2, 900*.....

P. O. Address *Columbia 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.