S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10156

APR 15 1941 85

Registration District No.

Primary Registration District No. 1001

Registrar's No. 358

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 6608 Carnegie Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution /
(Specify whether

In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town Saint Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 6608 Carnegie Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Franklin Washburn

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Addie Washburn

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 5, (Day) 1855 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	8	24	hr. min.

9. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name ? Washburn
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Addie Washburn

(b) Address 6608 Carnegie Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden F. Home

(b) Address 602 South 10th Street

19. (a) March 29 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1941 hour 3:00 minute a M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Mar 29, 1941, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis, and Chronic Asthma.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy no

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)

(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? 85 (Specify type of place)

While at work? (e) Means of injury 3

23. Signature H F Mundy (M. D. ~~or other~~) Coroner

Address 404 So 3d Date signed 3/29/41

(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

Hollie E. Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed R. V. West

Licensed Embalmer No. 3876

P. O. Address St. Louis, Mo.

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.