

Registration District No. 73

Primary Registration District No. 3006

State File No. _____

Registrar's No. 89

1. PLACE OF DEATH: Boone
 (a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 9 West Allen St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 59-9-15 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 9 West Allen St. 4
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRANK WASHINGTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 2

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ida Washington 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16th 1881
 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Columbia Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Henry Washington

13. Birthplace Don't know
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Sharp

15. Birthplace Don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant Hallie Washington

17. (a) Burial (b) Date thereof 4-3-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Hubert O. Parker

19. (a) 4/8/41 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 4 day 1
 year 41 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4/1/41 to 4/1/41
 that I last saw him alive on 4/1/41 and that death occurred on the date and hour stated above.

Immediate cause of death: you that drugs
 Duration 6 mos.

Due to _____
 Due to 42 B

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? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. H. Bottom (M. D. or other) MD
 Address 112 1/2 N 1st Date signed 4/3/41

WRITE PLAINLY—USE 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.....

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

Signed *Stuart B. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia M*

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.