

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
AUG 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24050
2589
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-day
(Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 051
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 606 W. Market
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTELLA WASHINGTON
3. (b) If veteran. _____ name war. _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 6 1941 to July 8 1941
that I last saw _____ alive on July 8 1941
and that death occurred on the date and hour stated above.

4. Sex F 3
5. Color or race negro
6. (a) Single, widowed, married. 2 divorced. Widowed
6. (b) Name of husband or wife. George Washington
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. June 17 1882
(Month) (Day) (Year)

Immediate cause of death
Mitral Regurgitation
Due to _____
Due to _____

8. AGE: Years 59 Months _____ Days 20
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
? 92 P
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Warrensburg mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife

11. Industry or business _____
12. Name Sam Renick
13. Birthplace mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Anna Banks
15. Birthplace Saline County mo. 0
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify place) _____ (Means of injury)

16. (a) Informant Marion W. Johnson
(b) Address 1409 E. 12th St.
17. (a) Removal (b) Date thereof 7 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, mo.
18. (a) Signature of funeral director Special Funeral Home
(b) Address 1409 E. 12th St.
19. (a) 7-9/41 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

23. Signature G. M. Brown (M. D. or other)
Address 1705 E. 12th Date signed July 8-41

361 (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 L. J. Harris, Jr.
Licensed Embalmer No. K.C. 733
P. O. Address.....

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.