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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27564

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3222

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/22 to 8/23 (Specify whether
In this community 0 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048 3
(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 Belleview
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BELLEAZORA WASHINGTON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. A. Washington
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased January 13, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	10	hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Unknown
FATHER
12. Name
13. Birthplace (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Ellen Johnson
15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant Hattie Wallace
(b) Address 1807 Belleview
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/28/41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 8/26/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 8-23-41
year hour minute M.
21. I hereby certify that I attended the deceased from 1:30 a.m. to 1 a.m. 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 D

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 [signature] (M. D. or other) 3
Address K. C. Mo. Date signed

(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 J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.