

DEC 22 1941 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4287

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 No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-20-41-11-14-41  
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1219 Olive  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WASHINGTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race Negro

5. Color or 2

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 September 2 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Parkville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Deceased Wm. Washington

13. Birthplace Ky. /  
(City, town, or county) (State or foreign country)

14. Maiden name Deceased Angie  
(City, town, or county) (State or foreign country)

15. Birthplace Clay County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) removal (b) Date thereof 11/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkville, Missouri

18. (a) Signature of funeral director Hathorn Bros

(b) Address 1729 Lydia

19. (a) 11-18-41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14  
year 1941 hour 11 minute 45 p. M.

21. I hereby certify that I attended the deceased from October 20 1941 to November 14 1941, that I last saw him alive on November 14 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Primary Adeno-Carcinoma of Stomach with generalized metastases.

Due to \_\_\_\_\_

Due to HLP

Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? Yes (Specify type of place) \_\_\_\_\_

23. Signature [Signature] (M. D. or D. O.) \_\_\_\_\_

Address Gen. Hosp #2-600 E. 22 Date signed 11-17-41

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

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**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

*D. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *250 S Highland*

**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.**