

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 306

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

1. PLACE OF DEATH: Callaway
 (a) County _____
 (b) City or town Fulton, Mo.
 (If outside city or town limits write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 or so
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME George Washington
 3. (b) If veteran, name war D.K. 3. (c) Social Security No. D.K.

4. Sex M 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lucena Washington 6. (c) Age of husband or wife if alive 5 1/2 years
 7. Birth date of deceased Jan 3 1884
 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name A.K.

13. Birthplace A.K. 7
 (City, town, or county) (State or foreign country)

14. Maiden name A.K. A.K.
 (City, town, or county) (State or foreign country)

15. Birthplace A.K. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof 11 5 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director J.O. Roberts
 (b) Address Columbia Mo

19. (a) Nov. 5, 1941 (b) R.N. Crease
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Andrew
 (c) City or town J. Mexico
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10/26/41 to 11/4/41, 1941
 that I last saw h alive on 11/4/41, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 70 days
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 107
 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? _____

While at work? _____ (Specify type of place) (b) Means of injury 0

23. Signature George A. Roberts (M. D. or other) MD
 Address Fulton Mo Date signed 11/8/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.