

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42326

State File No.

Registrar's No. 84

Registration District No. 461

Primary Registration District No. 3024

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Lynnington City
(c) Name of hospital or institution:
Lafayette St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Lynnington
(If outside city or town limits, write "RURAL")
(d) Street No. Lafayette St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Laura Francis Washington

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo Washington 6. (c) Age of husband or wife if alive 25 years (Day) (Year)

7. Birth date of deceased April 25 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>17</u>	hr. min.

9. Birthplace Davis, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

12. Name Not Known

13. Birthplace " 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

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

16. (a) Informant Ruba Childs

(b) Address Lynnington MO

17. (a) Burial (b) Date thereof 12-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nigginville, MO

18. (a) Signature of funeral director Winkler

(b) Address Lynnington MO

19. (a) Dec 13/41 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Feb 16 1941 to Dec 12 1941

that I last saw her alive on Dec 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Dysfunction Duration 2 mo

Due to Endarterial Athero sclerosis Foot Reflux 2 mo

Due to Reflux 2 mo

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

Major findings:
Of operations.....

Of autopsy 9912

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)
(e) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address Lynnington MO Date signed 12/14/41

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

MOTHER FATHER

Bylaws

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-14-42

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 *Garrett F. Temple*

Licensed Embalmer No. 3275

P. O. Address Lexington, Mo

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.