

FILED JAN 26

Registration District No. 176

Primary Registration District No. 4278

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Miller
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Vonda May Washam

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex f 5. Color or race w 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 - 13 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 _____ hr. _____ min.

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Tommy Washam

13. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eldred Woody

15. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eldred Washam

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 12-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director Morris Union

(b) Address Miller Mo.

19. (a) Jan 4 - 1943 (b) Anna Whinsey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1942 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from 12 - 14
1942 to 12 - 19 1942
that I last saw h. e. alive on 12 - 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Croup Duration _____

Born prematurely
Due to 7 - mos
malnutrition
Due to confinement

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

Major findings: 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) (e) Means of injury _____

23. Signature W. J. Boney (M. D. or other) _____

Address Miller Mo. Date signed 2-25-42

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

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RECEIVED

District Health Officer No. 6,

District File Number 143-110

Date Filed JAN 25 1943

STATEMENT BY LICENSED EMBALMER

rust

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.