

V. S. No. 2
50M-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18027
Registrar's No. 60

FILED JUN 4 1943
Registration District No. 141

Primary Registration District No. 5551

46
9
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town "RURAL" HOWELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SHUTTEE ST. WEST PLAINS, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community ALL OF LIFE (Specify whether
years, months or days)

3. (a) PRINT FULL NAME WILLIAM DANIEL WASHINGTON
3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERTHA BOLCH WASHINGTON 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased APRIL 9, 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace HOWELL COUNTY, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation INTERIOR DECORATOR

11. Industry or business OWN.

MOTHER FATHER { 12. Name DANIEL WASHINGTON

13. Birthplace CADWELL CO., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name MATTIE HOOPER

15. Birthplace NASHVILLE, TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. BERTHA WASHINGTON

(b) Address WEST PLAINS, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 21, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation OAK LAWN CEM. WEST PLAINS, Mo.

18. (a) Signature of funeral director W. B. Brough

(b) Address WEST PLAINS, Mo.

19. (a) 5-31-43 (Date received local registrar) (b) W. B. Brough (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 46
(a) State MISSOURI (b) County HOWELL
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. WEST PLAINS, SHUTTEE ST.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
year 1943 hour 7: minute 50 P.M.

21. I hereby certify that I attended the deceased from March, 1942 to May 17, 1943;
that I last saw him alive on May 15, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5-17-43

Due to Coronary sclerosis 3 yrs

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury MI

23. Signature E. C. Bohrer (M. D. or other) MD

Address West Plains, Mo. Date signed 5-22-43

JUN 27 1946

JUL 1 1946

JUN 3 1946

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, Hal

....., Registered Apprentice No.

working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.