

No. 2  
5-42  
5-17-39  
X 32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39289

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 222

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Marshall  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 45 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Saline  
(c) City or town Marshall  
(d) Street No. 677 Westwood St.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANNABELL WASHINGTON  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 23<sup>rd</sup> year 1943 hour 11 minute 50 P M.  
21. I hereby certify that I attended the deceased from march 23<sup>rd</sup> 1943 to Nov. 23<sup>rd</sup> 1943; that I last saw her alive on Nov. 23 1943 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Charles Washington 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Mar 2 1892  
(Month) (Day) (Year)

Immediate cause of death Valvular Heart Disease Duration 1 yr.

8. AGE: Years 51 Months 8 Days 21 If less than one day hr. min.

Due to.....  
Due to.....  
Other conditions Nephritis (Include pregnancy within 3 months of death) 6 mo.

9. Birthplace Nelson Mo  
10. Usual occupation Housewife  
11. Industry or business Self  
12. Name James Brimes  
13. Birthplace Sweet Springs Mo  
14. Maiden name Minna Tolson  
15. Birthplace Unknown

Major findings: Of operations 131  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Washington  
(b) Address Marshall Mo  
17. (a) Burial (b) Date thereof Nov 28 1943  
(c) Place: burial or cremation Marshall Mo  
18. (a) Signature of funeral director F. T. Ferguson  
(b) Address Salina Mo  
19. (a) Nov 28 43 (b) M. O. Whitson  
(Date received local registrar) (Registrar's signature)

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?.....  
(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. H. Madison (M. D. or other)  
Address Marshall Mo Date signed 11-28-43

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

District Health Officer No. 8,

District File Number

Date Filed

12-18-43

OCT 15 1943

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 *F. H. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Sedalia*

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.