

FILED MAR 13 1944

Registration District No. 244

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8092

State File No.

Primary Registration District No. 0007

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Rural Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD #2 Jacksonville Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none
(Specify whether years, months or days)

In this community: 14 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: RFD #2 Jacksonville
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: LIDA WASHINGTON

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

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

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

7. Birth date of deceased: May - 25 - 1900
(Month) (Day) (Year)

8. AGE: Years: 43 Months: 8 Days: 8 If less than one day: _____ hr. _____ min.

9. Birthplace: Thomas Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: _____

12. Name: John Washington

13. Birthplace: Thomas Hill Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Rachel Coates

15. Birthplace: Callio Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: John Washington

(b) Address: RFD #2 Jacksonville Mo

17. (a) Rural (b) Date thereof: Jan - 4 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Jacksonville Cemetery

18. (a) Signature of funeral director: Snow Funeral Home

(b) Address: Proberly Mrs.

19. (a) 2-4-44 (b) Johna Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 2 year: 1944 hour: 2 minute: 10 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to FEB 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Uterus Duration: 16 mo

Due to: _____

Due to: _____

Other conditions: H&K
(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)

(c) Means of injury: 2

23. Signature: C. H. Strydom (M. D. or other) Do

Address: Jacksonville Mo. Date signed: Feb 2/44

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

78
00

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-44-602

Date Filed MAR 10 1944

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.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.