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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5919

State File No. 1049

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

4908

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen'l Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 3 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3024 Mercier (If rural, give location) 8

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Rev. Goldstein Willie Wahington

3. (b) If veteran, name war No

3. (c) Social Security No. 424-09-6945

4. Sex M 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Armelia Washington

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Apr. (Month) 28 (Day) 1905 (Year)

8. AGE: Years 40 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Calera (City, town, or county) Ala (State or foreign country) 1

10. Usual occupation Ray & Lord Co.

11. Industry or business 3017 Wyoming

FATHER
12. Name George Washington
13. Birthplace Saginaw (City, town, or county) Ala. (State or foreign country) 1

MOTHER
14. Maiden name Ella Crockett
15. Birthplace Centersville (City, town, or county) Ala. (State or foreign country) 1

16. (a) Informant Armelia Washington

(b) Address 3024 Mercier

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation Birmingham Ala.

18. (a) Signature of funeral director Adkins Bros

(b) Address K-C-Mo

19. (a) 3-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27 year 1946 hour 1 minute 5-P. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw alive on 19; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Internal Hemorrhage

Due to Gun Shot Wound Abdomen

Due to Same as above

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 166

Of autopsy No-Post

Duration

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) Homicide

(b) Date of occurrence 2-26-46

(c) Where did injury occur? K.C. Jackson (City or town) - Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) Deputy Co

While at work? no (e) Means of injury gun shot my

23. Signature J. Williams (M. D. or other)

Address 2636 Brooklyn Date signed 3-2-46

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

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.