S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13650

FILED MAY 19 1946

Registration District No. 15 7

Primary Registration District No. 5-5-8-7-42 47

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: North Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Two Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Jasper 0
(If outside city or town limits, write "RURAL")

(d) Street No. North Main Street 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Emma Washburn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edgar Washburn

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

7. Birth date of deceased Nov. (Month) 4th. (Day) 1869 (Year)

8. AGE: Years 76 | Months 5 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Golden (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Same

FATHER
12. Name James Reed
13. Birthplace Wheeling (City, town, or county) West Va. (State or foreign country)

MOTHER
14. Maiden name Arnissa Campbell
15. Birthplace Unknown (City, town, or county) La. (State or foreign country)

16. (a) Informant Mrs. P.P. Hite
(b) Address Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11th.46 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Cem.

18. (a) Signature of funeral director Chas.J.Teeter
(b) Address Jasper, Mo.

19. (a) 4-16-46 (Date received local registrar) (b) L.B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th. year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from At time of death, 19..., to ....., 19...; that I last saw her alive on April- 9th. 1946, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc

Due to Valvular Heart Disease

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

92d

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. H. Knott M.D. (M. D. or other) M.D.

Address Jasper Mo. Date signed 4-9-46

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(Licensed Embalmer's Statement on Reverse Side)

46-4-338

JUL 8 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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper, 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.