

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16035

FILED JUN 7 1946

Registration District No. 64

Primary Registration District No. 5242

Registrar's No. 30

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14927

1. PLACE OF DEATH:

(a) County Chariton

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

(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 24 years (Specify whether years, months or days)

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Ann Washam

3. (b) If veteran name war: -

3. (c) Social Security No. -

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Robert Washam 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept. 15 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 25
If less than one day hr. _____ min. _____

9. Birthplace Hannon Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Clark Mills

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hinkle

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

16. (a) Informant Robert Washam

(b) Address Burnsville

17. (a) Burial (b) Date thereof May 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fitzgerald

18. (a) Signature of funeral director James McLaughlin

(b) Address Margeline Mo

19. (a) 5/10/46 (b) W. H. Hinkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1946 hour 11 minute 15 A.

21. I hereby certify that I attended the deceased from May 10 1946 to May 10 1946
that I last saw him alive on May 10 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebic Aethema

Due to Hypostatic Pneumonia

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 950

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 _____

23. Signature W. J. Billeter (M. D. or other) _____
Address Burnsville Mo Date signed 5/11-46

Duration

7 yr

2 Wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 6-6-46

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..... Dale Bunch
.....
Licensed Embalmer No. 4088
P. O. Address Marathon Fl

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.