

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20574

FILED JUN 25 1946

State File No. _____
Registrar's No. **2606**

Registration District No. 149 Primary Registration District No. 1802

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 25 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2025 Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Doc Washington
3. (b) If veteran, name war No 3. (c) Social Security No. 510-05-8811

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10, year 1946 hour 12: minute 20 A.M.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Washington 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased September 21, 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30, 1946 to June 10, 1946; that I last saw him alive on June 10, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
42 8 19 hr. min.

Immediate cause of death Subdural Hematoma
Duration _____

9. Birthplace Arkada Oklahoma
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Laborer (Elevator Operator)

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

MOTHER FATHER

11. Industry or business _____
12. Name George Washington
13. Birthplace Arkada Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Caroline
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy (Same as above)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof 6/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Walter's Base
(b) Address 1729 Lydia Ave
19. (a) 6-12-46 (b) Deraldine Holmes
(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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature _____ (Specify type of place) _____
(c) Means of injury _____
Address General Hospital No. 2 Date signed 6/10/46

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

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 *J. Jerome Marlowe*
Licensed Embalmer No. *3994*
P. O. Address *2573 Highland*

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.