

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED OCT 28 1946**

Registration District No. **179** Primary Registration District No. **1002**

**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:  
2613 Montgall St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 35 Years  
years, months or days)

**3. (a) PRINT FULL NAME** Orlean A. Washington  
 3. (b) If veteran, name war. No  
 3. (c) Social Security No. 494-16-8444

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Unknown  
 6. (c) Age of husband or wife if alive.....years  
 7. Birth date of deceased Unknown  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
 About 65 hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant James Greene

(b) Address 1624 Paseo

17. (a) Burial (b) Date thereof 10-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 10-16-46 (b) Alredine Holmes  
(Date received local Registrar) (Registrar's signature)

**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. 2328 Vine Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month 10 day 3  
 year 1946 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner to Coroner  
 that I last saw him alive on 10-19-46  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage  
Hypertensive Heart Disease  
 Due to.....  
 Due to.....

Other conditions 93rd  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy No - Permit

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 Perceval (M. D. or other) Coroner  
 Address 2634 Broadway Date signed 10-15-46

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

MOTHER, FATHER

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**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 Manlove*  
.....  
Licensed Embalmer No. *3994*  
.....

P. O. Address.....

*1503 Dighton St*  
.....

**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.**