

FILED FEB 25 1947

Registration District No. **386**

Primary Registration District No. **5206**

Registrar's No. **5**

17
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Braymer, (rural, Fairfield)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**
(c) City or town **Braymer, Mo Rural**
(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 **Emily Louisa Washington**

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 **William Washington** 6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **July 28, 1867**
(Month) (Day) (Year)

8. AGE: Years **79** Months **5** Days **26** If less than one day hr. min.

9. Birthplace **Marceline Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **own home**

12. Name **George Myers**

13. Birthplace **unknown Ill**
(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 **Mrs William Payne**

(b) Address **Excelsior Springs, Mo**

17. (a) **Burial** (b) Date thereof **1-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cem**

18. (a) Signature of funeral director **Dennis J. Mead**

(b) Address **Braymer, Missouri**

19. (a) **1-25-47** (b) **Emmie Street**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **24**
year **1947** hour **11** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **Jan. 13**
1947 to **Jan. 24**, 1947;
that I last saw him alive on **Jan. 24**, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism** Duration **8 hrs**

Due to **Cirrhosis of Liver** years

Due to **Secondary Bemia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **124 B** Of autopsy _____
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?

While at work? _____ (Specify type of place) (7) Means of injury **2**

23. Signature **John R. Crank** (M. D. or other) **1-25-47**
Address **Braymer, Mo** Date signed

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-22-47

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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 *Donald J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.