

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5362**

Registration District No. **178**

Primary Registration District No. **4281**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Lewis**

(b) City or town **Canton**
(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 _____
(Specify whether years, months or days)

In this community **1 Year**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis** **56**

(c) City or town **Canton** **1**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **417-North 4th St.** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Hannah Louise Washburn**

3. (b) If veteran, name war *******

3. (c) Social Security No. **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11th**
year **1947** hour **2** minute **30 P. M.**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **George Washburn**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **October 7th 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Aug 18 1945 to **Feb 11 1947**
that I last saw him alive on **Feb 11 1947**

8. AGE:	Years	Months	Days	If less than one day
	73	3	4	hr. min.

Immediate cause of death **Strangulation**
will trying to eat

Due to **Paralysis of throat & tongue**

Due to **Cerebrovascular accident**

9. Birthplace **La Grange Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

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

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. *Name **Frank Lehr** **4**

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

14. Maiden name **Hannah Bringer**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **George Washburn**

(b) Address **Canton, Missouri.**

17. (a) Burial (b) Date thereof **2/13/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Grange, Missouri.**

18. (a) Signature of funeral director **J.H. Roberts**

(b) Address **La Grange, Missouri.**

19. (a) 2/15/47 (b) **B.W. Jennings**
(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? _____

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

23. Signature **Dim J. Buchanan** (M. D. or other) **20**

Address **Canton, Mo.** **Date signed** **2/13/47**

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

MOTHER FATHER

RECEIVED
DISBURSEMENT
DISBURSEMENT No. 10
2-47-379
Date Filed FEB 19 1947

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 454

Paul A. Vaughn

Registered Apprentice No. 454

working under my personal supervision.

Signed 

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.