

Registration District No. 147

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:  
2417 Olive Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 Years  
years, months or days)

3. (a) PRINT FULL NAME Rev. John Washington

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 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 September - 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 6 - hr. min.

9. Birthplace: Odessa, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister.

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Josephine Rucker 1

(b) Address 2417 Olive Avenue

17. (a) Burial (b) Date thereof 3/26/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter Ross

(b) Address 1729 E. 4th Avenue

19. (a) 3-24-47 (b) Waldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2417 Olive Avenue 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd  
year 1947 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
2-20- 1947, to 3-22- 1947  
that I last saw him alive on 3-22- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis Duration 3 mos

Due to chronic cystitis 3 mos

Due to Uremia 10 hrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: 3/15  
Of autopsy: \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature Walter Ross (M. D. or other) M.D.  
Address 2434 Olive Date signed 3-24-47

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

MOTHER FATHER

210-  
246666

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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 Jerome Menlove  
Licensed Embalmer No. 3994  
P. O. Address 2503 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.