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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

Registration District No. 171

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4267

State File No. 17972

Registrar's No. 3

**1. PLACE OF DEATH:**

(a) County Lafayette

(b) City or town Odessa
(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 48 Yrs. (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lafayette 54

(c) City or town Odessa 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

**3. (a) PRINT FULL NAME** Birtie Washington

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1870 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 1 | 5 | hr. min. |

9. Birthplace Odessa, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Andy Jackson
13. Birthplace Lafayette Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Maggie Stewart
15. Birthplace Lafayette Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Grace Washington
(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.

19. April 26 '47 (Date received local registrar) Letter Drummond (Registrar's signature) 152

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 12
year 1947 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1946 to Mar 12, 1947
that I last saw her alive on Mar 11, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. Schoaux (M.D. or other)

Address Odessa, Mo. Date signed 3/12/47

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**
District Health Officer No. 8,
District File Number .....
Date Filed 5-22-47

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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 William T. Sparks
Licensed Embalmer No. H431
P. O. Address Odessa, 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.**