

FILED NOV 29 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4873

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

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS
In this community 24 YRS.
(Specify whether years, months or days)

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. 1912 E. 14TH ST.
(If rural, give location)
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED WASHINGTON

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 12, 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 1
If less than one day hr. _____ min. _____

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

10. Usual occupation LABORER

11. Industry or business _____

12. Name GEORGE WASHINGTON

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

14. Maiden name HANNAH

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

16. (a) Informant LUCILLE BUTLER (NIECE)

(b) Address 725 STEWART-KANSAS CITY, KAS.

17. (a) Burial (b) Date thereof 11/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 Lydia Avenue

19. (a) 11-20-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 13,
year 1947 hour 4: minute 40 P. M.

21. I hereby certify that I attended the deceased from NOVEMBER 4, 1947 to NOVEMBER 13, 1947
that I last saw h. IM alive on NOVEMBER 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration _____

Due to BENIGN HYPERTROPHY OF PROSTATE

Due to _____

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

Major findings: Of operations 137a PHYSICIAN _____

Of autopsy _____

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 [Signature] (Specify type of place) (e) Means of injury C

23. Signature [Signature] (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 11/14/47

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.....

Leester L. Lilly....., Registered Apprentice No. *73*
working under my personal supervision.

Signed *L. Jerome Malgou*.....

Licensed Embalmer No. *3997*.....

P. O. Address *2578 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.