S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 112953

Registrar's No. 1864

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 #2 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 55 years

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. 4816 Grove Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RILEY WASHINGTON

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Elnora Washington

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased JANUARY (Month) 17 (Day) 1893 (Year)

8. AGE: Years 55 Months 3 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name BEN WASHINGTON
13. Birthplace CARROLLTON COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name EVA
15. Birthplace CARROLLTON COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant SISTER: ROSA WASHINGTON NELSON

(b) Address 634 Harrison Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hopkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 4-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from April 19 19 48 to April 25 19 48; that I last saw him alive on April 25 19 48; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterionephrosclerosis	
Due to: Arterioscleratic Nephritis	
Due to: Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 a
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 O

23. Signature [illegible] M.D. (or other)

Address 600 East 22nd Street Date signed 4/26/48

(Licensed Embalmer's Statement on Reverse Side)

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. D J Manlove

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.