FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 18786
Primary Registration District No. 1000
Registrar's No. 675

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 307 E. Kansas Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community lifes
years, months or days)

2. USUAL RESIDENCE OF DECEASED: //
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 307 E. Kansas Ave. 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ronald Lee Washington
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 29, 1948 (Month) (Day) (Year)

8. AGE: ✓ Years 0 Months 0 Days 9 If less than one day hr. min. 0
9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Robert Gorman Jr. /
13. Birthplace Elwood, Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Louise Washington 0
15. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Anna Louise Washington
(b) Address 307 E. Kansas Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Eva A. Clark
(b) Address 120 Illinois Ave.
19. (a) 6-22-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1948 hour 11 minute 15 p M.
21. I hereby certify that I attended the deceased from June 3, 1948, to June 8, 1948; that I last saw him alive on June 8, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Labor Pneumonia | 5 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 108 | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Fenton N. Goodson (M. D. or other)
Address 109 1/2 W. Mo. ave Date signed 6/9/1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernie e Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.