

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
804 So. Cuyler | 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson | 18
(c) City or town Independence | 11
(If outside city or town limits, write "RURAL")
(d) Street No. 804 So. Cuyler | 4
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) | 0
If yes, name country _____

3. (a) PRINT FULL NAME Orange J. Washburn
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1948 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from on
18 June 1948 to _____ 19____;
that I last saw him dead on 18 June 1948
and that death occurred on the date and hour stated above.

4. Sex Male | 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Magretha Washburn
6. (c) Age of husband or wife if 86 years
7. Birth date of deceased: August 21 - 1861
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion | Duration 30 min
Due to Coronary sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 86 Months 9 Days 28 | If less than one day _____ hr. _____ min.
9. Birthplace Wabash Indiana | (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired
11. Industry or business operating a greenhouse
12. Name Washington Washburn |
13. Birthplace Wabash Indiana | (City, town, or county) (State or foreign country)
14. Maiden name Agnes Fisher |
15. Birthplace Wabash Indiana | (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mina Bueneben
(b) Address 804 So. Cuyler
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-48
(Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

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 P. Fairman (M. D. or other) MD
Address Independence Date signed 6/19/48

18. (a) Signature of funeral director W. Mitchell
(b) Address 310 N. May St. Ind. Mo.
19. (a) 6-20-48 (Date received local registrar) (b) [Signature] (Registrar's signature) 5/19

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

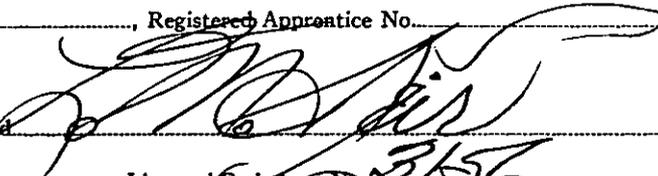
MOTHER FATHER

48
4
4

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 
.....
Licensed Embalmer No. 3156
P. O. Address Indie 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.