

No. 300  
-10-47  
5-17-39  
I 3906

FILED OCT 1 1948  
149  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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:  
13th and Paseo 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 27 years (Specify whether  
years, months or days)

**3: (a) PRINT FULL NAME** Sandy Washington

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 496-16-9996

4. Sex male 2. Color or race negro

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

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April 8 1921  
(Month) (Day) (Year)

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>27</u> | <u>5</u> | <u>12</u> | hr. _____ min. _____ |

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Patrolman

11. Industry or business Kansas City Police Force

12. Name William Washington

13. Birthplace unknown Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Chipley

15. Birthplace Chetopa Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Washington

(b) Address 1820 East 22 Street

17. (a) Burial (b) Date thereof 9/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Widina Bros

(b) Address 1729 Lydia Ave

19. (a) 9-23-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**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. 1820 East 22 Street  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 20  
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from deputy coroner, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Internal Hemorrhage

Due to Multiple Gun Shot Wounds

Other conditions (include pregnancy within 3 months of death) Battle

Major findings: Of operations gun 166

Of autopsy Same as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 9-20-48

(c) Where did injury occur? K.C. Jackson - Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?  
1334 - Paseo - Blvd  
While at work? yes (Specify type of place) (e) Means of injury Gun Shot

23. Signature Thurman (M. D. or other) h  
Address 2636 Brooklyn Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 J. 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.**