

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

FILED NOV 24 1948

State File No.

Registration District No. 07

Primary Registration District No. 52487

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Prairie Hill Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Chariton

(c) City or town Prairie Hill
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Edward Washam

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

3. (c) Social Security No. 487-12-9283

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Nov 14 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>11</u>	<u>14</u>	<input checked="" type="checkbox"/> hr. <input type="checkbox"/> min.

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

10. Usual occupation Truck operator

11. Industry or business _____

12. Name John Wm Washam

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

14. Maiden name Alice May Cook

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

16. (a) Informant Mary Washam

(b) Address Prairie Hill Mo

17. (a) Burial (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCurry Cem

18. (a) Signature of funeral director God Winkelmayer

(b) Address Salisbury Mo

19. (a) 11/24/48 (b) W. H. Kautz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 28, year 1948, hour 5, minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 2, 1948, to Oct 24, 1948, that I last saw him alive on Oct 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Barium
of lung.

Due to _____

Due to _____

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

Major findings: _____

Of operations 470

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 at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. C. Alexander (M. D. _____)

Address Prairie Hill Mo Date signed 11/23

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No.
District File Number
Date Filed 11-26-48

AUG 29 1950

RECEIVED
DISTRICT HEALTH OFFICER
AUG 29 1950

DEC 27 1948

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 Chas B. Winkelman

Licensed Embalmer No. 3847

P. O. Address Salisbury

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

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