

No. 300  
10.48

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26115

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Bonne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bonne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>	c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>A.</u> c. (Last) <u>Washington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 10 - 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u> Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 26 - 1949</u>	9. AGE (In years) (Months) (Days) <u>1 year 7 months 14 days</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u>	12. CITIZENSHIP (What country?) <u>USA</u>	

13. FATHER'S NAME <u>Pearl Washburn</u>	13b. MOTHER'S MAIDEN NAME <u>Jametic Moore</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Washburn</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enter - enteritis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1949, to Aug. 10, 1949, that I last saw the deceased alive on Aug. 10, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. LaChance, M.D.</u>	23b. ADDRESS <u>Centralia, Mo</u>	23c. DATE SIGNED <u>Aug 15, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug - 12 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 16 - 1949</u>	REGISTRAR'S SIGNATURE <u>Maud McBr...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
AUG 23 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4370

P. O. Address Centerville, 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.