S. No. 300
. 10.48

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12080

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 543

0117

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (In this place): 31 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4615 King Hill Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO 4615 King Hill
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 0117
d. STREET ADDRESS (If rural, give location): 4615 King Hill Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ~~ALBERT~~ Elbert b. (Middle) — c. (Last) WASHINGTON

4. DATE OF DEATH (Month) (Day) (Year): May 4 1950

5. SEX: male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 13 1892
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborswift Co.
10b. KIND OF BUSINESS OR INDUSTRY: no
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY?: state-USA

13a. FATHER'S NAME: John Washington
13b. MOTHER'S MAIDEN NAME: Julie Leland
14. NAME OF HUSBAND OR WIFE: Annie Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 487-051214
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Annie Washington 4615 King Hill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Jan 23-1950

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
410X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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): St Joseph, Mo. Buchanan MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 23, 1950, *to* May 4, 1950, *that I last saw the deceased alive on* April 10, 1950, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fenton N Goodson MD
23b. ADDRESS: St. Joseph, Mo. 09 1/4 W. Mo. Ave
23c. DATE SIGNED: May 5-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Ashland
24b. DATE: May 6 1950
24c. NAME OF CEMETERY OR CREMATORY: Ashland cemetery
24d. LOCATION (City, town, or county) (State): St Joseph MO

DATE REC'D BY LOCAL REG.: May 9, 1950
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beatrice Gray 882 Pacific Pt

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1951

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 Bill J. Cheney

Signed _____
Student Embalmer

Licensed Embalmer No. 4679

P. O. Address St Joseph 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.

State of Missouri } ss.
County of Buch }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12880
Local Registrar's No. 543

On this 17 day of October, 1953, before me appears John Washington, who, upon his oath, states that the original record of ~~birth~~ death for Albert Washington, ~~born~~ died May 4, 1950, in the State of Missouri, and which was filed at St Joseph on May 9, 1950, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3a should read Elbert

Instead of Albert

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John Washington Brother
Relationship.

4803 Lake Ave, St Joseph, Mo
Present Address.

Subscribed and sworn to before me this 17 day of October, 1953

My Commission Expires My Commission Expires Nov. 3, 1956 Mary P. Balmat Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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