

Registration District No. **744**

Primary Registration District No. **035**

Registrar's No. **93**

1. PLACE OF DEATH:  
(a) County **Ray**  
(b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Richmond Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 1/2 hours**  
(Specify whether years, months or days)  
In this community **all life**

8. (a) PRINT FULL NAME **Ales B. McCubbin**  
3. (b) If veteran, name war **WW** 3. (c) Social Security No. **487-01-5406**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan 30 1906**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **9** Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ray Co. MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **miner**

11. Industry or business **McCubbin**

MOTHER FATHER  
12. Name **James F. Booth**  
18. Birthplace **Winkler MO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Martha McCubbin**  
15. Birthplace **Winkler MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: **Martha Cowan**  
(b) Address **Richmond MO**

17. (a) \_\_\_\_\_ (b) Date thereof **Oct 14 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bethel**

18. (a) Signature of funeral director: **Proctor Funeral Home**  
(b) Address **Richmond MO**

19. (a) **Oct 15 - 1940** (b) **Malcolm Jackson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **U.S.B.** years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct** day **12**  
year **1940** hour **8** minute **A** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed Cervical Spinal Vertebrae** Duration **2 hrs.**  
Due to **Overturning of Automobile on Highway 13 Twelve (12) miles north of Richmond, Mo. no collision**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations **giving**  
Of autopsy **Crushed Cervical Spinal Vertebrae**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following;  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **Oct 12 - 1940**  
(c) Where did injury occur? **12 mi N. of Richmond, MO**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Highway 13**  
While at work? **yes** (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature **Guy Gaines** (M. D. or other) **MD**  
Address **Richmond MO** Date signed **0-12-40**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-13-40

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 J. B. Brothers, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed J. B. Brothers  
Licensed Embalmer No. 2001  
P. O. Address Richmond 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, above space should be left blank.