

Registration District No. **297**

Primary Registration District No. **3057**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond, Mo.**
(c) Name of hospital or institution:
Benton Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alfred Wilson Wood**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Elizabeth Wood** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 17, 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Shelbyville Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Miner**

11. Industry or business _____

12. Name **William Wood**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Smith**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charles Cox**
(b) Address **Richmond, Missouri**
17. (a) **Burial** (b) Date thereof **3/25/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunny Slope Cemetery**

18. (a) Signature of funeral director **Brothers Quest**
(b) Address **Richmond, Missouri**

19. (a) **Mar 25 1945** (b) **Mrs. Shewell Shuffert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Richmond, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **Benton 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 **March** day **23**
year **1945** hour **2:00A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **3-17-45** 19____ to **3-23-45** 19____;
that I last saw him alive on **3-22-45** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Sulphuric Acid Poisoning** Duration **5 days**

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____
1638:2

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) **suicide**
(b) Date of occurrence **3-17-45**
(c) Where did injury occur? **Richmond Ray Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (e) Means of injury **Intestinal**
Signature **Dr. J. C. Cook** (M. D. or other)
Address **Richmond, Mo.** Date signed **3-23-45**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

4/10/45

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, for by _____

working under my personal supervision.

_____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Brother - Ours
Louis J. [unclear]

4096

Richmond, N.C.

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.