

FILED MAR 30 1943

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 18

89  
/

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

1. PLACE OF DEATH: Ray Co.

(a) County Ray Co.

(b) City or town Ray Co. Richmond Mo.

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond (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 USA

3. (a) PRINT FULL NAME Charley Wood

3. (b) If veteran, name war Yes 3. (c) Social Security No. 487-07-1712

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Wood 6. (c) Age of husband or wife if alive 4 years 1889

7. Birth date of deceased April (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>11</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James Wood

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

14. Maiden name Margarette Hurston

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

16. (a) Informant Richard H. Alexander

(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) MAR 15 43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day March year 1943 hour 5 minute 0 P. 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 accident caused by rock falling from mine  
Due to while working in mine

Due to \_\_\_\_\_

Other conditions 1952  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 15 1943

(c) Where did injury occur? Rayville Ray Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Working in coal mine (Specify type of place)

While at work? yes (e) Means of injury Fall of rock

23. Signature [Signature] (M. D. or other) 3 10 00 Colored  
Address Richmond Mo Date signed 3/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-29-43.....

APR 12 1943

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.....

working under my personal supervision.

*J.B. Brothers*

Registered Apprentice No.....

*Brothers Funeral Home*

Signed.....

*J.B. Brothers*

Licensed Embalmer No. 2001

P. O. Address.....

*Richmond Va*

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.