No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18816

Registration District No. 744 Primary Registration District No. 3035 Registrar's No. 46

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:
None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community ~~None~~ all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(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? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johnnie Russel George

3. (b) If veteran, name war

3. (c) Social Security No. 494-12-9377

4. Sex Male 9

5. Color or race colored

6. (a) Single, widowed, married, divorced 2 single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 18, 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	9	30	hr. min.

9. Birthplace Richmond, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

FATHER
12. Name William George
13. Birthplace Richmond, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Brown
15. Birthplace Henrietta, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine West
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sat. May 17, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J B Brothers
(b) Address 302 E. Main St., Richmond, Mo

19. (a) May 17 - 41 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1941 hour 3 minute p M.

21. I hereby certify that I attended the deceased from Called in as coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound of head.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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) homicide

(b) Date of occurrence 5-15-41

(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?
0 / 1 about home
(Specify type of place)

While at work? (e) Means of injury shotgun

23. Signature H. M. Gifith (M. D. or other) M.D.
Address Richmond Mo Date signed 5-15-41

(Licensed Embalmer's Statement on Reverse Side) Coroner Ray Co.

RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date Filed

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

Brothers Funeral Home, Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed J B Brothers

Licensed Embalmer No. 2001

P. O. Address 302 E. Main, Richmond Miss

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.