

FILED SEP 3 1942

Registration District No.

Primary Registration District No. 3012

Registrar's No. 135

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

24

1. PLACE OF DEATH:

(a) County... CLAY

(b) City or town... Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 3 hours
(Specify whether)

In this community... 3 hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Ray

(c) City or town... Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Church St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME EZRA DOLPHIN

3. (b) If veteran, name war... no

3. (c) Social Security No. 486-09-4219

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th
year 1942 hour 11:00 minute 0 M.

4. Sex male race white

5. Color or 6. (a) Single, widowed, married, divorced... single

6. (b) Name of husband or wife... no

6. (c) Age of husband or wife if alive... no years

7. Birth date of deceased... March 15 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...
to... 19...
that I last saw... alive on... 19...
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>5</u>	<u>14</u>	hr. min.

Immediate cause of death... Cutting blood administered by Barry Hill of Richmond Mo.

Due to... fight, coroner jury decision.

Due to... coroner jury

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

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

10. Usual occupation... miner

PHYSICIAN

Major findings:
Of operations...
Of autopsy... coroner jury

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business...

12. Name... Thomas Dolphin

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

14. Maiden name... Isabelle Payne

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

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

(a) Accident, suicide, or homicide (specify)... Homicide

(b) Date of occurrence... Aug. 29 1942

(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?
Unknown place

While at work? street (Specify type of place)

(e) Means of injury... Car

23. Signature... W. P. Frasier Coroner (M. D. or other)
Address Excelsior Springs Mo. Date signed 8/31/42

16. (a) Informant... Raine Dolphin

(b) Address... 616 W. Whitmer

17. (a) Approved
(Burial, cremation, or removal)

(b) Date thereof... 8/31/42
(Month) (Day) (Year)

(c) Place: burial or cremation... Richmond

18. (a) Signature of funeral director... Herbert Hope

(b) Address... Excelsior Springs

19. (a) 8-31-42
(Date received local registrar)

(b) Miss Sadie Redman
(Registrar's signature)

S.P.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-2-42

SEP 28 1942

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address

Freelion Spring

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.