

S. No. 2
M-5-43
5-17-39
P-1 X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3817

State File No. _____

FILED FEB 4 1946

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 Miles West Richmond, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)

In this community 14 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sarah Amy Woodson Liles

(b) If veteran, name war No.

(c) Social Security No. 492-28-1432

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1946 hour 70 minute 45 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.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leonard Liles

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

7. Birth date of deceased: April 2, 1910
(Month) (Day) (Year)

Immediate cause of death Chest injury
Car she was riding in
skidded, overturned. She
was thrown out and
car fell on her.
Due to Ice on pavement

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

8. AGE: Years 35 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business Club Hotel

12. Name Wm Woodson (adoptive)

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

14. Maiden name Annice Liles (adoptive)

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

16. (a) Informant Leonard Liles

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 1/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope Cem.

18. (a) Signature of funeral director Wm. L. Liles

(b) Address Richmond, Mo.

19. (a) Jan 9-46 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

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) accident

(b) Date of occurrence Jan 4, 1946

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

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

While at work? going to work (Specify type of place)

23. Signature J. F. Baber Ray Co. Coroner
(M. D. or other)

Address Richmond Mo Date signed 1-7-46

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(Licensed Embalmer's Statement on Reverse Side)

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

1856

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 *Louis Guent*
Licensed Embalmer No. 4096
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, fact should be so stated above.