

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

5299

1. PLACE OF DEATH:

(a) County W. Va.
(b) City or town W. Va.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Found: Hodkinson Cole Brethren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME W. Va. Baby

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

4. Sex male 5. Color White race White (a) Single, widowed, married, divorced Married (b) Name of husband or wife Joche

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

7. Birth date of deceased not (Month) (Day) (Year) 1943

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

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

10. Usual occupation W. Va.

11. Industry or business W. Va.

12. Name W. Va.

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

14. Maiden name W. Va.

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

16. (a) Informant James J. Esham

(b) Address 1300 Clark

17. (a) Burial (b) Date thereof June 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Potters Field

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 9 1943 (b) J. F. Medeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Va. (b) County _____
(c) City or town W. Va. (If outside city or town limits, write "RURAL")
(d) Street No. W. Va. (If rural, give location)
(e) Citizen of foreign country? W. Va. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 7 minute 40 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: Evacuation of brain, Presence of scalp when found in a paper bag on the sidewalk about 30 feet west of Hodkinson Cole Brethren Church about 7:30 P.M. June 3, 1943

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

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 W. Va.

(c) Where did injury occur? W. Va. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? W. Va.

While at work? W. Va. (Specify type of place) (e) Means of injury W. Va.

23. Signature W. Va. (M. D. or other) _____ Address _____ Date signed 6/7/43

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

MOTHER FATHER

30
17
9

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 *Frank J. Owens*.....

Licensed Embalmer No. *22465*.....

P. O. Address *St Louis 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.