No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1948

Registration District No. 7 7 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37550

Primary Registration District No. 5907

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Coater rural 18
(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 .....

3. (a) PRINT FULL NAME Ray Earl Hollywood

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M D

5. Color or race Col

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased 11 (Month) 4 (Day) 1948 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	hr. 20 min.

9. Birthplace Coater (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Ray Hollywood
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Mary Hollywood ~~(City, town, or county)~~ Wilson Ark. 1 (State or foreign country)

16. (a) Informant Mr R C Coleman
(b) Address Coater

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director German und Co
(b) Address Steele

19. (a) 11-5-48 (Date received local registrar) (b) S L Robinson (Registrar's signature) 7/10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1948 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from .....
....., 19....., to ....., 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	
Due to No Medical Aid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 200	

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) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
..... (Specify type of place)
While at work? ..... (e) Means of injury 8

23. Signature S L Robinson Local Reg. (M. D. or other)
Address Steele Mo Date signed 11-5-48

(Licensed Embalmer's Statement on Reverse Side)

11-48-317

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

Not Embalmed, Registered Apprentice No.,

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.