

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6268

Do not use this space.

1. PLACE OF DEATH <sup>2</sup> Clinton  
(a) County <sup>25</sup> ~~Shoal~~ Registration District No. <sup>204</sup>  
(b) Township <sup>1</sup> ~~Shoal~~ Primary Registration District No. <sup>3013</sup> Registered No. <sup>10</sup>  
(c) City <sup>1</sup> ~~Shoal~~ Cameron (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME <sup>554</sup> Chas F. Rice  
(a) Residence, No. <sup>1</sup> North Main St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 8 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Gulph, Canada  
(STATE OR COUNTRY)

13. NAME Thos Rice

14. BIRTHPLACE (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Gleason

16. BIRTHPLACE (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

17. INFORMANT Miss Gertrude Rice  
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kinney Cemetery Caldwell Co. Mo. DATE Feb. 21, 1939

19. FUNERAL DIRECTOR O. A. Moore,  
(ADDRESS) Cameron, Mo.

20. FILED Feb 21<sup>st</sup> 1939 N. B. Kinsler  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB 14 1939 to FEB 18 1939

I last saw him alive on FEB 18 1939 Death is said

to have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

ANGINA PECTORIS

Date of onset

FEB 14  
1939

Other contributory causes of importance: 94W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) A. C. Gilliland, M. D.

185 (Address) G. Cameron, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 111

District File Number 39-56

Date Filed 3/6/39

STATEMENT BY LICENSED EMBALMER

I, W. Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. Moore

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W. Moore

Licensed Embalmer No. 1180

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.)