

No. 2
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5-17-37
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37983

State File No. _____

DEC 16 1940

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Williamstown
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Carl Edward Rice

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. Feb (Month) 21 (Day) 1934 (Year)

8. AGE: Years 6 Months 9 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Knox County (City, town, or county) Mo (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Roy Rice

13. Birthplace Warren Co. Ill (City, town, or county) (State or foreign country)

14. Maiden name Helen Wilsey

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

16. (a) Informant Roy Rice

(b) Address Williamstown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5, 1934 (Month) (Day) (Year)

(c) Place: burial or cremation Springburg cemetery

18. (a) Signature of funeral director H. W. Priest Sons

(b) Address Memphis Mo

19. (a) Dec. 9-1940 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 3, 1940, to _____, 1940; that I last saw him alive on Dec. 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Acute. Spinal Duration _____

Due to Septicemia and general sepsis

Due to _____

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

Major findings: Of operations _____ Of autopsy 9/10

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Al Hardy (M. D. or other) 5

Address Kirksville Mo Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-2347

Date Filed DEC 14 1940

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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, above space should be left blank.