

MAR 19 1941
Registration District No. **617**

Primary Registration District No. **5818**

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Barnard, rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: White Cloud Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 22 yrs.
years, months or days

3. (a) PRINT FULL NAME MABEL SCHOONOVER RICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex 7 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John J. Rice 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Sept. 29, 1910.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 4 25 hr. min.

9. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Horasha Seymour Schoonover

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

MOTHER FATHER { 14. Maiden name Cassie Agnes Anthony

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

16. (a) Informant Carl Schoonover
(b) Address Barnard Mo.

17. (a) Burial (b) Date thereof Feb. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director John W. Prick

(b) Address Maryville Mo.

19. (a) 2/27/41 (b) Chas. D. Humbert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74
(c) City or town Barnard, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 n. N.W.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1941 hour 3 minute 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.

Immediate cause of death Acute Pulmonary Congestion with Acute Cardiac Dilatation, Failure, following severe attack of Asthma due to Acute Bronchitis
Duration _____

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

Major findings: _____
Of operations _____

Of autopsy Carover Squared.
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? _____

5 H.P.
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.R. Jackson M.D. (M. D. or other) _____
Address Maryville, Mo. Date signed 2-24-41

AUG 23 1946

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 John W. Price.
Licensed Embalmer No. 3229.
P. O. Address Maryville 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.