

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.

APR 9 1945
Registration District No. 1045

Primary Registration District No. 5250

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Rural-Musselfork Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life 1
years, months or days

3. (a) PRINT FULL NAME Dorris Gene Rice
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 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 March 21 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day hr. 40 min.

9. Birthplace Chariton Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Verner Rice
13. Birthplace Rothville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lilla Taylor
15. Birthplace Chariton Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Verner Rice
(b) Address Keytesville Mo.

17. (a) Burial (b) Date thereof Mar 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Corinth

18. (a) Signature of funeral director James M. Laughlin
(b) Address Marysville Mo.

19. (a) 3/22/41 (b) Carl C. Near
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21
year 1941 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from March 21, 1941, to March 24, 1941, that I last saw her alive on March 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation (?)

Due to inability to deliver after-coming head quickly.
Due to _____

Other conditions (Include pregnancy within 3 months of death) 160 C

Major findings: Of operations _____
Of autopsy _____

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? 103
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Carl C. Near (M.D. or _____)
Address Keytesville, Mo. Date signed 3/21/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

RECEIVED
District Health Officer No. 8,
District File Number 4-7-41
Date Filed

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.....

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, above space should be left blank.