

Registration District No. 826

Primary Registration District No. 6098A

Registrar's No. 17

1. PLACE OF DEATH: Stodoland  
 (a) County Stodoland  
 (b) City or town Berme mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Suburban Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life years, months or days

8. (a) PRINT FULL NAME Annis Charlotte Rice  
 8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 3 1854  
 (Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline Co Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business William Allen

MOTHER FATHER { 12. Name William Allen  
 13. Birthplace unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Ann  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant F. M. Rice

(b) Address Berme mo  
 17. (a) Burial (b) Date thereof April 19 41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berme mo

18. (a) Signature of funeral director Watkins  
 (b) Address Depta mo

19. (a) 4-21-1941 (b) Laura Hopfman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State mo (b) County Stodoland  
 (c) City or town Berme-Rural  
 (If outside city or town limits write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 18 day April  
 year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 21 1941 to April 18 1941  
 that I last saw h. alive on April 17 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Arteriosclerosis Chronic Hypertension  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 121 b

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 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? 86:3

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

23. Signature W. B. Gross (M. D. or other) D  
 Address Berme mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 2

District File Number 54-57

Date Filed 5/8/41

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.....

Virgil H. Kelch....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4102

P. O. Address Reister - 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.