

Registration No. FILED JUL 24 1941

Primary Registration District No. 5179

Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural (Byrd Park)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Girardeau
(c) City or town Rural (Byrd Park)
(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 June day 22
year 1941 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1
1941 to June 21, 1941
that I last saw him alive on June 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary Edema</u>	<u>3 days</u>
<u>Lobar Pneumonia</u>	<u>4 weeks</u>
<u>High Blood Pressure</u>	<u>3 1/2</u>

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
1730
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature E. R. Johnson (M. D. certifier)
Address Jackson MO Date signed 7/2

3. (a) PRINT FULL NAME ALVIS M. RICE

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Florence Hightower Rice 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 30 - 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace near Jackson D Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer Day

11. Industry or business _____

12. Name James Rice

13. Birthplace Nashville Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Roberts

15. Birthplace Nashville Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John A. Stess
(b) Address Jackson MO.

17. (a) Burial (b) Date thereof June 23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director S. C. Crachoff
(b) Address Jackson MO.

19. (a) 6-23-41 (b) D. G. Schubert
(Date received local registrar) (Registrar's signature)

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.

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 Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.