

No. 2
-1-4-41
5-17-37
1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24956**

REGISTRATION DISTRICT NO. **243**

PRIMARY REGISTRATION DISTRICT NO. **5334**

REGISTRAR'S NO. _____

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Elkland Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Elkland (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IRVING S. RICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

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

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased Nov - 25 1902
(Month) (Day) (Year)

KILLED BY LIGHTNING WHILE SAWING DOWN A TREE

Due to _____

8. AGE: Years 38 Months 6 Days 28 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Fairbault Ala
(City, town, or county) (State or foreign country)

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

Major findings: _____

10. Usual occupation Salver

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Wood Cutter

12. Name Jim Rice

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

14. Maiden name Sarah Snow

15. Birthplace Fairbault Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Rice
(b) Address 1950 W. Bonville Mo

17. (a) Chauty (b) Date thereof June 16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chauty Hosp

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) LIGHTNING

(b) Date of occurrence 6-28-41

(c) Where did injury occur? ELKANOD DALLAS, MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN WOODS

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

18. (a) Signature of funeral director J. Spauld
(b) Address Buffalo Mo

19. (a) 7-8-41 (b) Miss J. N. Shewmaker
(Date received by registrar) (Registrar's signature)

23. Signature Herbert H. Scott (M.D. or other) 3
Address Buffalo, Mo. Date signed 7/5/41

RECEIVED

District Health Officer No. 7,

District File Number

8-41-1256

Date Filed

8-7-41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo, 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, fact should be so stated above.