

Registration District No. 23

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia City
(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 _____ (Specify whether)
In this community 1 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 Paquin
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Edw. Rice

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie M Rice 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan 10 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Shawneetown / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Traveling Representative

11. Industry or business By Millner Co

MOTHER FATHER { 12. Name James H Rice
13. Birthplace White Co / Ills
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Boyd
15. Birthplace New Haven Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Josie M Rice

(b) Address 1109 Paquin

17. (a) Burial (b) Date thereof Oct 29 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Illinois

18. (a) Signature of funeral director P. Revison

(b) Address Columbia Mo

19. (a) 10/27/41 (b) Alvin Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from on 10-25-
1941, to 10-25-, 1941;
that I last saw him alive on 10-25-, 1941;
and that death occurred on the date and hour stated above

Immediate cause of death Diabetic Coma Duration 1 day

Due to Diabetes Several yr.

Due to _____

Other conditions None knew him
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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) None

(b) Date of occurrence None

(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? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature W.P. Dyar (M. D. or other) None

Address Columbia Mo Date signed _____

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

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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 Lynwood H. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.