

FILED FEB 18 1942
Registration District No. 025

Primary Registration District No. 3081

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville

(c) Name of hospital or institution: 922 East 4th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 yrs. (Specify whether years, months or days)

In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Maryville

(d) Street No. 922 East 4th St.

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LANDON RICE

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex M. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aldie Rook Rice

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 6, 1869.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1942 hour 12 minute 15 a. M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Jan 12 1942

that I last saw him alive on Jan 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Chronic myeloid leukemia

Due to hypertrophy of prostate

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

Major findings: Of operations 43a

Of autopsy _____

Duration 5 days

8. AGE: Years 72 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Edgemont (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Rice

{ 13. Birthplace unknown (City, town, or county) (State or foreign country)

{ 14. Maiden name not known

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Rice

(b) Address Barnard Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo.

18. (a) Signature of funeral director Rice Funeral Home

(b) Address Maryville Mo.

19. (a) Jan - 14 - 42 (Date received local registrar) (b) Marie E. Clerdy (Registrar's signature)

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? _____

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

23. Signature B. J. Dylund (M. D. or other) MD

Address Maryville Mo Date signed 1/13/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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... *Clayton M. Price*

Licensed Embalmer No. *1822*

P. O. Address... *Mayfield, 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.