V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14783

State File No.

Registration District No. 467 Primary Registration District No. 5628 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aurora "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home + 3 Mi South of Aurora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles South of Aurora
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Rice
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Luttrell
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased August 9 1873 (Month) (Day) (Year)
8. AGE: Years 68 Months 8 Days 4 If less than one day hr. min.
9. Birthplace Stone County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
MOTHER FATHER
12. Name David Rice
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name ?
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Walter Rice Jr.
(b) Address Aurora, Mo Rt #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Rice Cemetery - Blue Eye, Mo.
18. (a) Signature of funeral director Oscar L. Merritt
(b) Address Aurora, Mo.
19. (a) April 14 1942 (Date received local registrar) (b) Eunice Greene by a Mo Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1942 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from April 12 1942 to April 12 1942 that I last saw him alive on April 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 Day
Due to Cerebral Arteriosclerosis	4 to 8 years
Due to Generalized Arteriosclerosis	4 to 8 years
Other conditions (Include pregnancy within 3 months of death) Secondary hypertension	4 to 8 years

Major findings:
Of operations none
Of autopsy none

83a

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

23. Signature D. Kenneth L. Kling M.D. (M. D. or other)
Address Aurora, Mo Date signed 4/13/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542-721
Date Filed MAY 14 1942

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 Myself, Registered Apprentice No., working under my personal supervision.

Signed Forest Klepper

Licensed Embalmer No. 4226

P. O. Address Aurora, 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.