

FILED SEP 11 1942

Registration District No. 192

Primary Registration District No. 4305

Registrar's No. 40

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Anderson Mo.
(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 _____
years, months or days 80 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Anderson Mo.
(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

STERLING RICE

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Dec. 1 - 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 6 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name William Rice
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Sara Seaman
15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sterling Rice
(b) Address Anderson Mo.

17. (a) Burial (b) Date thereof 8-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo.

18. (a) Signature of funeral director C. W. Williams
(b) Address Godman Mo.

19. (a) Aug 8 - 1942 (b) Registrar's signature Dr. W. C. Burt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1942 hour _____ minute 5:15 P.M.

21. I hereby certify that I attended the deceased from December 20th 1942 to August 7th 1942
that I last saw him alive on August 7th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
CARCINOMA OF STOMACH
Due to UNKNOWN

Due to _____

Other conditions ANEMIA, Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy NONE

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 Dr. W. C. Burt (M. D. or other) P.O.
Address Anderson Mo. Date signed 8/10/42

Duration
MINUTE

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

60
0
0

RECEIVED

District Health Officer No. 6,

District File Number 942-1367

Date Filed SEP 10 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.