

FILED SEP 1 1942
Registration District No. 249

Primary Registration District No. 4372

Registrar's No. _____

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Nodaway

(a) County Nodaway

(b) City or town Burlington Junction, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Missouri (b) County Nodaway

(c) City or town Burlington Junction, Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Elizabeth Bice

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased December 15, 1870
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>71</u> | <u>8</u> | <u>12</u> | hr. _____ min. |

9. Birthplace Cambridge Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Newmon

13. Birthplace (Unknown) 9
(City, town, or county) (State or foreign country)

14. Maiden name (Unknown)

15. Birthplace (Unknown) 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Spratt

(b) Address Burlington Jct. Mo

17. (a) Burial (b) Date thereof 8-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Jct., Mo.

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

(b) Address Manville Mo

19. (a) Aug 20 - 42 (b) Wm H G Carpenter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1942 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from Jan
_____, 1942, to August 17, 1942,
that I last saw him alive on August 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Symptomatic Tubercular meningitis secondary

Due to _____

Due to _____

Other conditions 74
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature B. F. Ryland (M. D. or other) MD
Address Manville Mo Date signed 8/19/42

Duration
6 mo.
6 mo.

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.....

Clem M Price

Licensed Embalmer No.....

1822

P. O. Address.....

Maryville 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, above space should be left blank.