

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED OCT 15 1942

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

49
529

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

1. PLACE OF DEATH:
(a) County Waller
(b) City or town Galena
(c) Name of hospital or institution St. Joseph's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2 1/2 months
(Specify whether In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Chester
(c) City or town Galena
(If outside city or town limits, write "RURAL")
(d) Street No. 910 E. 16th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Edhel Fessie Owen Rice
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 5 year 1942 hour 5 minute 15 AM.
21. I hereby certify that I attended the deceased from 6/17/42 to Sept 5th 4:30 that I last saw her alive on Sept 4th 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race C. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Rice 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased May 7, 1904
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Due to Chronic Carcinoma Lungs
Due to Carcinoma Cervix
Other conditions Ch nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 38 yrs Months 4 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Seneca Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations no
Of autopsy no
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business _____
12. Name Mr. George Oleman
13. Birthplace Wyanonette Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Stella Briggs
15. Birthplace Seneca Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Oleman (Mother)
(b) Address Seneca, Mo.
17. (a) Removed (b) Date thereof 9 9 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (c) Means of injury _____
23. Signature E. Ernest Jakubowski (Name of physician)
Address 524-27 Frank Date signed 9/5/42

(c) Place: burial or cremation Hill Crest Cem - Galena
18. (a) Signature of funeral director Price Undert. Co. Kans
(b) Address Waller Kansas
19. (a) 9-5-42 (b) Hustudo Sudhaetter
(Date received local registrar) (Registrar's signature)

42-9-808

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 Me
Les N. Shewmaker, Registered Apprentice No. _____
working under my personal supervision.

Signed Les N. Shewmaker
Kansas Licensed Embalmer No. 1998
P. O. Address Galena, Kans.

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.