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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 16

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

1. PLACE OF DEATH: Bates

(a) County Bates

(b) City or town Adrian
(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 40 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Adrian
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Rice

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 20 minute _____ A.M.

4. Sex Male 5. Color or Race W

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

6. (b) Name of husband or wife Etta Rice 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb - 26 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 14
1942 to Oct. 14 1942
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 7 18 hr. _____ min.

Immediate cause of death Died suddenly possibly heart attack when I arrived.

9. Birthplace Florence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

Due to _____

Due to _____

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

11. Industry or business _____

12. Name John E. Rice

13. Birthplace Don't know Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Allison

15. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

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

16. (a) Informant Charles E. Rice

(b) Address 5624 LEXINGTON AVE. NO. 1

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

(c) Place: burial or cremation Dayton Cemetery

18. (a) Signature of funeral director E. E. Robinson

(b) Address Adrian, Mo.

19. (a) 10-17-42 (b) Blanchette
(Date received local registrar) (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 Σ

23. Signature E. E. Robinson (M. D. or other) _____
Address Adrian, Mo. Date signed 10-15-42

1299

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1890

Date Filed 11-9-42

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 _____

and Fred J. Leath # 3343

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.

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State File No. 33131
Registrar's No. 16

Registration District No. 20 Primary Registration District No. 4031

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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:

(a) State Mo. (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 14 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death possible heart bleed Duration _____
when I arrived

Due to _____
Due to Cerebral Occlusion

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

Major findings:
Of operations _____
Of autopsy _____
94a

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)
(b) 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 E. E. Robinson (M. D. or other) _____
Address Adrian, Mo. Date signed 11/14/42

3. (a) PRINT FULL NAME Charles E. Rice

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Feb. 26 1888
(Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

MOTHER FATHER

