

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Uran
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2
(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 Dallas
(c) City or town Windyville
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JESSE RICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased: June 30th 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Laclede County (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business _____

12. Name ALBERT RICE

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

14. Maiden name Betty Ann Phillips

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

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) ~~State~~ Burial (b) Date thereof 11-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SCRIVNER Cem.

18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo, Mo

19. (a) NOV. 14, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th
year 1942 8 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from June 8th, 1942, to Nov 14th, 1942
that I last saw him alive on June 13th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions Paresis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature G. S. Wardick (M. D. or other)
Address Nevada, Mo Date signed 11/14/42

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

108
0
0

108
0
0

FILED DEC 17 1942

RECEIVED

District Health Officer No. 7.

District File Number 12-42-1324

Date Filed 12-9-42

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.....

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

Signed Clyde Montgomery

Licensed Embalmer No. 3592

P.O. Address Buffalo, N.Y.

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.