

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Burke 6348

State File No.

FILED MAR 6 1943
Registration District No.

Primary Registration District No. 5465

Registrar's No. 134

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural N. Campbell Township
(c) Name of hospital or institution: Route # 4 /
(d) Length of stay: In hospital or institution 1 Month
In this community 1 Month

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Route 4
(d) Street No. N. Campbell Township
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Roger Rowten Ice
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 12
year 1943 hour 7 minute 30 P. M.

4. Sex Male
5. Color or Trace White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Jan. 7 1943

21. I hereby certify that I attended the deceased from Feb 6 -
1943 to Feb 12 1943
that I last saw him alive on Feb 11 -
and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 1 Days 5

Immediate cause of death Broncho-pneumonia
Due to Prematurity -

9. Birthplace Springfield Missouri
10. Usual occupation Inf.

Other conditions (Include pregnancy within 3 months of death) 159

MOTHER FATHER { 12. Name Charles R. Ice
13. Birthplace Unknown Missouri
14. Maiden name Wanda Lee
15. Birthplace Unknown Missouri

Major findings: Of operations
Of autopsy

16. (a) Informant Charles R. Ice
(b) Address Route # 4 Springfield, Mo.
17. (a) Burial (b) Date thereof Feb. 14, 1943
(c) Place: burial or cremation Watson Cemetery
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

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?
(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

19. (a) 2-13-43 (b) G. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Burke, M.D.
Address Springfield, Mo. Date signed 2-18-43

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

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.

Not Embalmed