

FILED MAR 10 1943

Registration District No. 217

Primary Registration District No. 4328

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Bertrand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 1/2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Bertrand
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Robert Stillwell Rice

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

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

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

7. Birth date of deceased December 22 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer - Retired

11. Industry or business Retired

12. Name Not KNOWN

13. Birthplace Not KNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name Not KNOWN

15. Birthplace Not KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bettie Rice

(b) Address Bertrand, Mo.

17. (a) Burial (b) Date thereof 1-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON Mo

18. (a) Signature of funeral director John F. Ammel

(b) Address Charleston Mo

19. (a) 2/1/43 (b) D. H. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19
year 1943 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 15 1942 to Jan 14 1943
that I last saw him alive on Dec 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Ischemia

Due to Hypertension

Due to _____
Other conditions (include pregnancy within 3 months of death) g 3a
Major findings: Of operations _____
Of autopsy _____

Duration

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) _____
(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 John F. Ammel (M. D. or other) _____
Address Charleston Mo Date signed 1-23-43

1257

RECEIVED

District Health Office No. 2,

District File Number 243-330

Date Filed 8-8-47

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 John P. Munnelle Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.