

FILED APR 7 1943
Registration District No. 35

Primary Registration District No. 3011

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At Wood Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community most of her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. South Main Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS EMMA RICE

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour

21. I hereby certify that I attended the deceased from 12-7-42
....., 19....., to 3-26, 1943
that I last saw her alive on 3-26, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Sam Rice

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Aug. 2, 1867
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>25</u> hr. min.

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

10. Usual occupation Home wife

11. Industry or business

MOTHER { 12. Name Jessie Haines

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Francis

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

16. (a) Informant Ralph Rice

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 3-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) 3-27-1943 (b) Mrs James Beffley
(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

23. Signature William G. Alwood (M. D. or other) 0

Address Carrollton Mo Date signed 3/27/43

Duration 4 mo?

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-6-43

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

Signed

P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Corroets Md.

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.