No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

Registration District No. 73

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21150

Primary Registration District No. 3015

Registrar's No. 39

1. PLACE OF DEATH:

(a) County: Clinton

(b) City or town: Cameron, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clinton

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Walter E. Trice

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lora Trice

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: January (Month) 18 (Day) 1878 (Year)

8. AGE: Years 65 Months 5 Days 222 If less than one day hr. min.

9. Birthplace: Clinton Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Lawyer

11. Industry or business: x

FATHER
12. Name: John L. Trice
13. Birthplace: Unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name: Margaret Smith.
15. Birthplace: unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Lora Trice
(b) Address: Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 13-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Packard Cem. Cameron, Mo.

18. (a) Signature of funeral director: [illegible]
(b) Address: Cameron, Mo.

19. (a) June 11, 1943 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

1086

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th. year 1943 hour 9 minute 4 A.M.

21. I hereby certify that I attended the deceased from June 10, 1943 to June 10, 1943 that I last saw him alive on June 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to: Myocardial

Due to: 46 f

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

Duration

Major findings:
Of operations: —

Of autopsy: no

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): no

(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? (Specify type of place)

While at work? Means of injury

23. Signature: M. Fuller (M. D. or other)

Address: Cameron Mo Date signed 6/10/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1180

P. O. Address Cameron 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.