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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22695

State File No.

Registration District No. 8167 Primary Registration District No. 4937 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Irondale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State Missouri (b) County Washington 0
(c) City or town Irondale
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Johanna Rice

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

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

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

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

7. Birth date of deceased January 24 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Robert Trauernicht
13. Birthplace Cape Girardeau Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Brennecke
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Rice
(b) Address Irondale Mo.

17. (a) burial (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Irondale Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address R. J. White Ironton Mo

19. (a) (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6/4, 1943 to 6/4, 1943
that I last saw her alive on 6/4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death embolism

Due to clot following and operation

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature J. P. Yeargin (M. D. ~~or other~~)
Address Irondale Date signed 6-26-43

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(Licensed Embalmer's Statement on Reverse Side)

JUL 8 - 1943

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Houston 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.