

FD AUG 6 1943  
Registration District No. 205

Primary Registration District No. 5742

Registrar's No. 9

61090  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution:  
6 miles north of New Cambria  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon

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

(d) Street No. located north of New Cambria  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA RICE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8<sup>th</sup>  
year 1943 hour 11 minute 5 a.m.

21. I hereby certify that I attended the deceased from April 21st 1943 to June 8<sup>th</sup> 1943  
that I last saw her alive on June 8<sup>th</sup> 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 Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased March 22 1878  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Left ovary

Due to	Duration
_____	<u>2 yr</u>
_____	_____
_____	_____

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>16</u>	— hr. — min.

Other conditions (Include pregnancy within 3 months of death) None

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy NO

9. Birthplace New Cambria MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Farm

12. Name Pink Cook

13. Birthplace \_\_\_\_\_ West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mazilda Reiche

15. Birthplace \_\_\_\_\_ North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Rice

(b) Address New Cambria MO

17. (a) Burial (b) Date thereof June 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cemetery

18. (a) Signature of funeral director H. P. Hilleland

(b) Address New Cambria MO

19. (a) June 10, 1943 (b) Almena M. Hilleland  
(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 POCurst (M. D. or other) \_\_\_\_\_  
Address New Cambria MO Date signed June 5, 1943

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 8-43-1239

Date Filed AUG 5 1943

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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 H. J. Gilliland.....

Licensed Embalmer No. 4019.....

P. O. Address New Cambria 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.