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S. No. 2
11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 30 1943

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 68

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

18
9
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Burl - Washington County
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
79th + Chestnut 1
(If not in hospital or institution, write street number or location)

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

In this community 5 weeks

3. (a) PRENT FULL NAME Roy Russell Rife

3. (b) If veteran, name war ✓

3. (c) Social Security No. 545-09-1627

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Belma Rife

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 7 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>3</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Crath Co. Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

MOTHER FATHER

11. Industry or business _____

12. Name James P. Rife

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

14. Maiden name Martha Jane Pincannoy

15. Birthplace Sa.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Rife

(b) Address Grandview, Mo.

17. (a) Burial (b) Date thereof Oct 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stouley, Kansas

18. (a) Signature of funeral director E. K. Sloper & Son

(b) Address Grandview, Mo.

19. (a) 10/23-43 (b) Ann G. Hedges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County San Francisco

(c) City or town San Francisco 4
(If outside city or town limit, write "RURAL")

(d) Street No. 3826 22nd Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to of right coronary artery

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

Major findings of coronary artery

Of operations 1

Of autopsy negative

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) (Means of injury)

23. Signature [Signature] (M. or other) 10/22/43

Address [Address] Date signed _____

1152 (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 A. K. George
Licensed Embalmer No. 3645
P. O. Address Grandview 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, above space should be left blank.