

FILED JAN 5 1943

State File No. 1430

Registration District No. 42

Primary Registration District No. 4000

Registrar's No. 1430

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2605 Penn Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2605 Penn Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Virginia Rice

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Joseph Mo. Rice 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased July 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 22 hr. min.

9. Birthplace Doniphan County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harry L. McAdams
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Amanda E. Chilton
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Amy Wilson Waughters

(b) Address 2605 Penn St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12/21/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Halter Meischner

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 12-21-43 (b) Alfred H. Hargis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th.
year 1943 hour 2:40 minute A. M.

21. I hereby certify that I attended the deceased from Sept 26 1943 to Dec 16 1943; that I last saw her alive on Dec. 16 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

Other conditions Diab mel.
(Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy _____

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 0
23. Signature Dr. J. H. Hargis (M. D. or other)
Address 670 Thence Date signed 12/20/43

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

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

Albert R. Harrington

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

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.