

FILED JAN 11 1945

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo.
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Milo E. Rice

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

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

6. (b) Name of husband or wife annie 6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Sept. 12 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Carterville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Owner art. lunch co.

11. Industry or business North American

12. Name unknown

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

14. Surname name unknown

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

16. (a) Informant Mrs Annie Rice

(b) Address 412 Norton

17. (a) Burial (b) Date thereof: Dec. 26 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation int. mound

18. (a) Signature of funeral director Wm. J. Robin

(b) Address W. C. no.

19. (a) 12-26-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City 4
(If outside city or town limits, write "RURAL")
(d) Street No. 412 Norton
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 12
1944 to Dec 22 1944
that I last saw him alive on Dec 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric cancer 12 hrs
Due to Carcinoma stomach 9 mos

Due to 46 hrs
Other conditions Advanced atherosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Gastric & pancreatic carcinoma

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 Albee L. Keisler (M: D. or other) _____
Address 11007 ref. Bldg Date signed 12-26-44

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

MOTHER FATHER

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. ~~3774~~

working under my personal supervision.

Signed..... *Charles M. Guirk*
Licensed Embalmer No. *3774*
P. O. Address..... *20 West Linwood*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ^{St.}

State File No. _____
Local Registrar's No. 5267

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of Jan., 1945, before me appears
Mrs. Annie Rice, who, upon her oath, states that the original record of ~~birth~~ death
for Milo E. Rice died Sec. 22, 1944 in the State of
Missouri, and which was filed at K. C. on 12-26, 1944, should be corrected as follows:

- Item No. 6(a) should read married
Instead of widowed
- Item No. 10 should read North American
Instead of Owner of artificial limb Co.
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Annie W. Rice wife
Relationship.
412 So Norton
Present Address.

Subscribed and sworn to before me this 13th day of Jan., 1945.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1944

S-40327