

FILED SEP 12 1945

Registration District No. _____

Primary Registration District No. **6209**

Registrar's No. **33-**

1. PLACE OF DEATH:

(a) County **Texas**
(b) City or town **Rural** (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 **4 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Texas**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Quincy Ice**

3. (b) If veteran, name war _____ 3/ (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, married, divorced **married**
6. (b) Name of husband or wife **Jennie Ice** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **May 6 1877** (Month) (Day) (Year)

8. AGE: Years **68** Months **3** Days **15** If less than one day hr. min.

9. Birthplace **Houston Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **George Ice**
13. Birthplace **Ill.** (City, town, or county) (State or foreign country)
14. Maiden name **Ellen Hardesty**
15. Birthplace **Ky.** (City, town, or county) (State or foreign country)

16. (a) Informant **Otis Ice**
(b) Address **Houston, Mo.**

17. (a) Burial (b) Date thereof **8/23/45** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Grave**

18. (a) Signature of funeral director **Rayford V. Elliott**
(b) Address **Houston, Mo.**

19. (a) 8-24-45 (b) **Mrs. Ella Duff** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **21** year **1945** hour **2** minute **A. M.**

21. I hereby certify that I attended the deceased from **Aug 20**, 19**45**, to **Aug 21**, 19**45**
that I last saw h.i.m. alive on **Aug 20** and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**

Due to _____

Due to _____

Other conditions **after operation** (Include pregnancy within 9 months of death)

Major findings: **Septicemia** Of operations _____

Of autopsy **no** **12/4/45**

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

23. Signature **J. T. Womack** (Date received local registrar) (Date signed)

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

07
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RECEIVED

District Health Officer No. 5,

District File Number 945.358

Date Filed 9-10-45

Robert J. [unclear]

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 Frank E. Wood

Licensed Embalmer No. 4024

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.