

S. No. 2  
4-8-43  
5-17-39  
P 1 X37923

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4456**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 21

1. PLACE OF DEATH  
(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution: ✓ 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓ (Specify whether  
in this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 1201 W. Hildreth  
(If rural, give location) 3  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARIL E. Rice  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓  
4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced ✓  
6. (b) Name of husband or wife E. E. Rice 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Nov 16, 1922  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 7  
year 1946 hour 7 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from January 5, 1946 to January 7, 1946  
that I last saw h.c.r. alive on January 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 week  
Due to Cerebral Hemorrhage 2 yrs.  
Due to Cardio-vascular renal disease 10 yrs.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 73 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Adair Co. Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation housekeeper  
11. Industry or business Domestic  
12. Name Augustus Lame  
13. Birthplace Dubuque Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Easter Ann Padon  
15. Birthplace Schuyler Co. Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant A. E. Rice  
(b) Address Kirksville, Mo.  
17. (a) Burial (b) Date thereof 1-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Refuge Cemetery  
18. (a) Signature of funeral director of Davis Funeral Home  
(b) Address Kirksville, Mo.  
19. (a) 1-16-46 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

Major findings: B710  
Of operations \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_  
23. Signature Edward E. Gross (M. D. or other) DO.  
Address Kirksville, Mo. Date signed 1-17-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
3490

RECEIVED

District Health Officer No. 10

District File Number 2-46-332

Date Filed FEB 28 1946

**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.....

*Bowden Beatty*

Licensed Embalmer No.....

4379

P.O. Address.....

*Kershville, 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.**