

FILED AUG 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Warsaw  
(If outside city or town limits, write "RURAL" and name of township)  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Warsaw  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paralee Rice

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles Rice 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Feb 9 1861  
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pettis County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
MOTHER FATHER { 12. Name Samuel Shark  
13. Birthplace Kukusown  
14. Maiden name Sarah Patterson  
15. Birthplace Arkusown

16. (a) Informant Mrs Jessie Holloway  
(b) Address Warsaw, Mo

17. (a) Burial (b) Date thereof July 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Camp Ground

18. (a) Signature of funeral director Reser J. Annual Home

(b) Address Warsaw  
19. (a) July 8-1946 (b) J. A. Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1946 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 10 1945 to July 7 46  
that I last saw her alive on June 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy g 2nd

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 James J. Logan (M. D. or other) M.D.  
Address Warsaw Mo Date signed 7/7/46

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

21532

RECEIVED

Embalmer No. 72

7-46-797

8-7-46

Date

**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..... *John J. Reese* .....

Licensed Embalmer No. .... *4098* .....

P. O. Address..... *Thassaw* .....

**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.**