

No. 2
-12-45
5-17-39
I X47070

FILED FEB 21 1947
389

Registration District No. 389

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium

(d) Length of stay: In hospital or institution 3361 days
(Specify whether In this community 3361 days
years, months or days)

3. (a) PRINT FULL NAME Hugh 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, widowed, married, divorced Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 5th 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	3	9	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Patrick Rice

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

14. Maiden name McIntyre

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Feb. 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H. D. Fossitt

(b) Address Mt. Vernon, Mo.

19. (a) 2/14/47 (b) H. P. Helms
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1947 hour 1:35 minute A. M.

21. I hereby certify that I attended the deceased from March 10, 1938 to Feb. 14, 1947
that I last saw h. im alive on Feb. 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Abt. 2 mos.
Digestion

Due to Chronic Nephritis Abt. 3 yrs

Due to

Other conditions Heart Failure Abt. 3 mos.
Pul. Tuberculosis Abt. 20 yrs
(Include pregnancy within 3 months prior to death)

Major findings: Of operations 13 B

Of autopsy

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 0

23. Signature R. W. Dickman (M. D. or other) 0
Address Mt. Vernon, Mo. Date signed 2-14-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 247-242

Date Filed FEB 18 1947

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 Max L. Fassett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon

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..