

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural MADISON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles Westley Rice

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara A. Rice
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 6, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 0 .hr. ____ min.

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Rice 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Ann Kennedy
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Clara Rice
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton, Missouri

18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Missouri

19. (a) 7-19-47 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 47 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-4, 1947, to 7-6, 1947, that I last saw him alive on 7-6, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chr. Glom. Nephritis yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 131B

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 Wm B Richter (M. D. or other) 0
Address Stockton MO Date signed ?

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District No. 6-47-868
District File Number 7-25-47
Date Filed

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton Md*

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.