

No. 2
2-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24569**

FILED AUG 6 1947

Registration District No. _____

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 hours**
(Specify whether
In this community **3 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **615 Islington Place** **5**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles Rollin Rice**

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

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed 2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 5 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 6 11 hr. min.

9. Birthplace **Nashville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**
hardware merchant

11. Industry or business _____

12. Name **Jonathan Rice**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Sirrilda Etherton**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Viola Williams**
(b) Address **615 Islington Place**

17. (a) **removal** (b) Date thereof **June 18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pinkneyville, Illinois**

18. (a) Signature of funeral director **Thornhill-Dillon Mortuary**
(b) Address **Joplin, Missouri**

19. (a) **6-18-47** (b) **Calores Sampson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**
year **1947** hour **9** minute **45 p** M.

21. I hereby certify that I attended the deceased from **1-28-47**, 19____, to **6-14-47**, 19____;
that I last saw him alive on **6-14-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic aortic insufficiency **3 yrs**
Due to _____
Chronic Cholecystitis **6 months**

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations **127 A**
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? _____

(Specify type of place) _____
(e) Means of injury **0**
Signature **Walter Howard** (M.D. or other)
Joplin Mo Date signed **6-18-47**

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

MOTHER FATHER

47-1-615

MAR 1 1956

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 Erving M. Dunqy

Licensed Embalmer No. 3566

P. O. Address Jeppin 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.