

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28168**

FILED AUG 25 1947

Registration District No. **104**

Primary Registration District No. **3082**

Registrar's No. **90**

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

51
2

1. PLACE OF DEATH:

(a) County **Johnson Mo.**

(b) City or town **Warrensburg Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
116 W South
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no** (Specify whether)

In this community **82 Yrs**
years, months or days

3. (a) PRINT FULL NAME **Lula Clark 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 **T. B Rice**

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

7. Birth date of deceased **July 26 1965**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	0	19	hr. min.

9. Birthplace **Chilhowee Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **David Snodgrass**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Neal**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lewis Lay**

(b) Address **Knobnoster Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-16-47**
(Month) (Day) (Year)

* (c) Place: burial or cremation **Pisgah Cem**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Aug 15 1947** (Date received local registrar) (b) **Sarahuel Smith** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")

(d) Street No. **Martin Hotel**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15**
year **1947** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 27**
1947 to **Aug 15**, 19**47**.

that I last saw him alive on **Aug 15**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration 2 yrs

Due to **Myocarditis Cordis -** 4 yrs
Tabular Sinus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **CPB**

Of autopsy

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) (c) Means of injury **11**

Signature **Chas W D** (M. D. or other)

Address **Warrensburg Mo** Date signed **Aug 15 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..... *J. Carl Priest*

Licensed Embalmer No..... **3878**

P. O. Address..... **Warrensburg 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.