

FILED SEP 9 1947

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County RAHLS
(b) City or town PERRY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF HER LIFE years, months or days

3. (a) PRINT FULL NAME Gertrude Ethel Tice

3. (b) If veteran, not veteran name war _____ 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DAN T. TICE 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 29 1947 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace PERRY, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home

12. Name CHARLES WILLIAMSON

13. Birthplace PAYSON, ILL. (City, town, or county) (State or foreign country)

14. Maiden name JAMMA ALLISON

15. Birthplace RAHLS COUNTY, MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant DAN T. TICE

(b) Address PERRY, MISSOURI

17. (a) BURIAL (b) Date thereof 8/29/1947 (Month) (Day) (Year)

(c) Place of burial or cremation Lick Creek

18. (a) Signature of funeral director Clyde E. Wilkey

(b) Address Perry, Missouri

19. (a) 8-29-1947 (b) Clyde E. Wilkey (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County RAHLS
(c) City or town PERRY (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29 year 1947 hour 50 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to 8-, 1947
that I last saw her alive on aug. 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart trouble

Due to _____
Due to _____

Other conditions Old and bad Goitre
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 95

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) (9) Means of injury 71

23. Signature R E Suter (M. D. or _____)
Address Perry, MO. Date signed 8-29-47

[Handwritten mark]

RECEIVED
District Health Officer No. 10
District File Number 9-47-1202
SEP - 8 1947
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

John A. Ellis, Registered Apprentice No. 494,
working under my personal supervision.

Signed Clyde W. Perry

Licensed Embalmer No. 3826

P. O. Address Perry, 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.