S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30532

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 54

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Braymer
(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 44yrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwewll
(c) City or town Braymer, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emily Florence Rice
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Martin Rice
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Jan. 18, 1867 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Cowgill (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Underwood
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Floyd
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Doris Rice
(b) Address Braymer, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer Evergreen Cem.
18. (a) Signature of funeral director Vernon Mead
(b) Address Braymer, Mo
19. (a) 9-27-47 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature) 272

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1947 hour 3 minute 45P M.
21. I hereby certify that I attended the deceased from Aug 1947 to Sept 19 1947
that I last saw her alive on Sept 17 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hrs
Due to Arteriosclerosis	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury
23. Signature Richard B. Neal (M.D. or other)
Address Braymer, Mo Date signed 9-19-47

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.