

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39274

FILED DEC 2 1947 94  
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moundrey  
(c) Name of hospital or institution: Mrs. Cormick Hospital  
(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 Mo (b) County Charleston  
(c) City or town Salisbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no years

3. (a) PRINT FULL NAME Seren Elizabeth Rice

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 6 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired School Teacher

11. Industry or business \_\_\_\_\_

12. Name James Rice

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

14. Maiden name Laura Sears

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

16. (a) Informant's own signature Mrs. Will Del

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 11 26 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director Geo. Bell Hutchins

(b) Address Salisbury Mo

19. (a) Nov 26 47 (b) Leah Chestney  
(Date received local registrar) (Registrar's signature) 91.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24  
year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 11-17, 1947, to 11-24, 1947  
that I last saw her alive on 11-24, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to Chronic Interstitial nephritis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1317

Of autopsy \_\_\_\_\_

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 A. I. McCormick (M. D. or other) MD  
Address Salisbury Mo Date signed 11-24-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Rev. 1-15-41 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Miss Paul Turner*

RECEIVED  
District Health Officer No. 10  
District File No. 12-47-1636  
Date Filed DEC - 11 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 *Chas B Winkelmeyer*  
Licensed Embalmer No. *3842*  
P. O. Address *Salisbury, 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, above space should be left blank.**