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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1693

Registration District No. 783 Primary Registration District No. 4297 Registrar's No.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Purdin
(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 36 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Purdin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hattie Alice Rice
3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex fe /
5. Color or race W
6. (a) Single, widowed, married, divorced marrie
6. (b) Name of husband or wife W. F. Rice
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased May (Month) 22 (Day) 1866 (Year)
8. AGE: Years 71 Months 8 Days 4 If less than one day hr. min.
9. Birthplace Prinston (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation Home
11. Industry or business
MOTHER FATHER
12. Name Unknown Wells
13. Birthplace Unknown (City, town, or county) Ohio / (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant W. F. Rice /
(b) Address Purdin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Cem Linneus Mo.
18. (a) Signature of funeral director Wade Funeral Home
(b) Address Browning,
19. (a) Feb. 5, 1948 (Date received local registrar) (b) Elva Crookshank (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26 year 1948 hour 8 minute 45 a. M.
21. I hereby certify that I attended the deceased from Jan 15, 1947, to Jan 26, 1948, that I last saw him alive on Jan 26, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Carcinoma of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Geo. W. H. Payne (M. D. or other) D.O.
Address Purdin, Mo. Date signed Jan. 27-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.