No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5417

Registration District No. 187 · Primary Registration District No. 3040 · Registrar's No. 23

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1521 Clay Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Rural Sampsel Township 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Charles Edgar Rice

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed 0

6. (b) Name of husband or wife Molly Green 6. (c) Age of husband or wife if alive (D) years

7. Birth date of deceased September (Month) 14 (Day) 1873 (Year)

8. AGE: Years 74 | Months 4 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Franklin County, Virginia /
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN /
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Rice /
(b) Address Inza Station-Box 61; St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri.

19. (a) Feb-12-48 (Date received local registrar) (b) Frances B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th
year 1948 hour 3 minute — P M.

21. I hereby certify that I attended the deceased from Jan 31 (31), 1947, to Feb 11, 1948
that I last saw him alive on Jan 31, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 254 days.

Due to arterio sclerosis unknown

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 0

23. Signature G. W. Carpenter (M. D. or other)
Address Chillicothe Mo Date signed 2/12/48

(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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.