No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11610

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 494

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

1. PLACE OF DEATH:
(a) County Buchannan
(b) City or town St Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 17 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Doniphan
(c) City or town Wathena 14
(If outside city or town limits, write "RURAL")
(d) Street No. Wathena 0
(If rural, give location)
(e) Citizen of foreign country? NOes (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Alonzo Rice
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
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 Sept. 12, 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
/	73	7	6	hr. min.

9. Birthplace Wathena (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Farmer (retired)
11. Industry or business General farming
FATHER
12. Name Frederick Rice
13. Birthplace Trasten (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Louise Knoble
15. Birthplace Lanchen (City, town, or county) Switzerland (State or foreign country) 5
16. (a) Informant Otto Rice,
(b) Address Troy, Kansas
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kansas
18. (a) Signature of funeral director CLARK FUNERAL HOME [signature]
(b) Address 120 Illinois Ave. St. Joseph, Mo
19. (a) May 3, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 2 minute 15 a.m.
21. I hereby certify that I attended the deceased from March 24, 1948, to April 18, 1948; that I last saw him alive on April 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cholecystitis, Cholelithiasis	unknown
Due to Chronic Myocardial Insufficiency	unknown
Due to Arteriosclerosis General	unknown
Other conditions (Include pregnancy within 3 months of death) 126	

Major findings: Of operations Chronic Cholecystitis Cholecystitis Degenerative changes of Liver
Of autopsy

PHYSICIAN
Underline the cause of 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 Gustav A Lau (M. D. or other) M.D.
Address 217 Kirkpatrick Bldg St. Joseph, Mo. Date signed April 19 1948

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

P. O. Address.....

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.