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FILED MAY 24 1948
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2[illegible] 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15579

Registration District No. 46 — Primary Registration District No. 5153 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Kingston Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 Missouri (b) County Henry 42
(c) City or town Urich Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. I I/2 Miles N.W. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Betty Ione Rice

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

4. Sex Female 1 — 5. Color or race White — 6. (a) Single, widowed, married, divorced single 0

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

7. Birth date of deceased September (Month) 15 (Day) 1936 (Year)

8. AGE: Years II — Months 7 — Days 7 — If less than one day ..... hr. ..... min.

9. Birthplace Darlington (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name James H. Rice
13. Birthplace Gentryville (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Bernice Dovil
15. Birthplace Albany (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr. James H. Rice
(b) Address Urich, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4*-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Darlington, Mo.

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri

19. (a) May 1st 48 (Date received local registrar) (b) Gladys Jones (Registrar's signature) 37

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death Caused by crushed and punctured skull

Due to When Chevrolet truck overturned on highway I3, two and one fourth miles south of Kingston, Mo.

Due to Tire of left front wheel blew out, causeing driver to lose control of truck.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident 13
(b) Date of occurrence April 22 1948
(c) Where did injury occur Kingston (City or town) Caldwell (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S.Highway No.13 (Specify type of place)
While at work? (e) Means of injury Crushed Skull

23. Signature Cramer Clark Coroner 3
Address Kingston, Mo Date signed 4/22-48

(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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.