

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19066

State File No. \_\_\_\_\_

FILED JUL 15 1948

Registration District No. 187

Primary Registration District No. 3019

Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett  
(If outside city or town limits, write "RURAL")

(d) Street No. East Second Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew Boyd Rice

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allie Queen Rice

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 9-18-1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Farmer - Retired

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

12. Name Feb Rice

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

14. Maiden name Susan F. Hutchings

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

16. (a) Informant Edmer Rice

(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof 7-11-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeQuoin, Illinois

18. (a) Signature of funeral director Paul Salomon

(b) Address Kennett, Mo.

19. (a) 7-12-48 (b) Earl H. Stambaugh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9<sup>th</sup>  
year 1948 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from July 5, 1948 to July 9, 1948.  
that I last saw him alive on July 19, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations open

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 \_\_\_\_\_

23. Signature George J. Hummer (M. D. or other) MD  
Address Kennett Mo Date signed 7/11/48

RECEIVED

District Health Office No. 2,

District File Number 248-875

Date Filed 7-12-48

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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 [Signature].....

Licensed Embalmer No. 2556.....

P. O. Address Kenett, 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.**