

Registration District No. 44

Primary Registration District No. 4062

State File No. _____

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Cowgill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all her life years, months or days

3. (a) PRINT FULL NAME Ozzie P. Rice
3. (b) If veteran, name war _____ 3. (c) Social Security No. 7

4. Sex Female 5. Color or race Wbrn 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Webb Rice 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased: Jan 4 - 1854
(Month) (Day) (Year)

8. AGE: Years 94 Months 7 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Panama, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business None

MOTHER FATHER { 12. Name Solomon Alsbaugh
13. Birthplace Penh
14. Maiden name Martha Williamson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Corie Kavanaugh
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 8-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill

18. (a) Signature of funeral director Alsbaugh & Corley

(b) Address Pals Mo.

19. (a) 8-17-48 (b) Mrs. Nell B. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13
(c) City or town Cowgill 6
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan - 1st 1948 to Aug 11 1948
that I last saw her alive on Aug 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death acute Nephritis - Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 130

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. Kilbourn (M. D.)

Address Cowgill Date signed 8/12/48

SEP 3 1961 E 438

**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.....

Wayne A. Sallesman

Registered Apprentice No. *77*

working under my personal supervision.

Signed *Demaree F. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Graymer, 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.