

FILED SEP 27 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30359

State File No. _____

Registration District No. 199

Primary Registration District No. 4312

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Ethel
(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
In this community 74 no (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Ethel
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FISHER HAYDEN RICE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 17
year 1948 hour 11 minute 0 A.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie Rice 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov 13, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1948 to Sept. 17 1948
that last seen alive on Sept 17 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage Duration 3 days

8. AGE: Years 74 Months 10 Days 4 If less than one day
hr. _____ min. _____

Due to _____
Due to _____
Other conditions (includes pregnancy within 3 months of death) _____

9. Birthplace Ethel Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Shoe Cobbler

Major findings: g36
Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name John W. Rice
13. Birthplace Ethel Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maria Hayden
15. Birthplace Ethel Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Annie Rice
(b) Address Ethel Mo
17. (a) Burial (b) Date thereof Sept. 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ethel Mo

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? _____

18. (a) Signature of funeral director Larson James Berwick
(b) Address Ethel Mo
19. (a) Sept. 18, 1948 (b) Daphne Stouten
(Date received local registrar) (Registrar's signature) X

While at work? _____ (Specify type of place)
Means of injury ?
23. Signature H. D. Kelly D.D. (M.D. or other)
Address Ethel Mo Date signed 9/17/48

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

RECEIVED

District Health Officer No. 10

District File Number 9-48-1669

Date Filed SEP-25 1948

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..... *E. J. Brown*

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.