

No. 2
1-5-43
5-17-39
I X36671

FILED OCT 4 1948

State File No. _____

Registration District No. 306

Primary Registration District No. 6209

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Pusey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 of life (Specify whether)
years, months or days

3. (a) PRINT FULL NAME William Jackson Ice

3. (b) If veteran, ✓ name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alberta 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Mar 30 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Salem Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Ice
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Ellen Harbottle
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Ice

(b) Address Houston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/48
(Month) (Day) (Year)

(c) Place: burial or cremation Druid

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo

19. (a) Sept. 24-48 (Date received local registrar) (b) Myrtle Craig (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas
(c) City or town Rural Pusey
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mi S. of Houston
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1948 hour 10:45 A. minute 0

21. I hereby certify that I attended the deceased from Sept 10, 48 to Sept 19, 48
that I last saw him alive on Sept 19, 48 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration _____

Due to HT - Malignancy

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

Major findings: Of operations 46M
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) Means of injury _____

23. Signature F. J. Burns (M. D. or other) MD
Address Houston, Mo Date signed Sept 27, 1948

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

MOTHER, FATHER

~~Date Filed~~
District File Number 9-30-48
District Health Officer No. 948624
RECEIVED 9-30-48

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston 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.