

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37684

FILED NOV 27 1948

Registration District No. 292

Primary Registration District No. 6000

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural Jasper Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 miles north Vandalia /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 18 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles north Vandalia, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Emma Nettie Brice

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Willie B. Brice 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 14, 1865
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Isaac Roland
13. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sevilla Inlow
15. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marsh Dorrell
(b) Address R.F.D. Vandalia, Missouri

17. (a) Burial (b) Date thereof Nov. 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo.

18. (a) Signature of funeral director W.S. Waters
(b) Address Vandalia, Mo.

19. (a) Nov 8, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7
year 48 hour 7 minute a.m.

21. I hereby certify that I attended the deceased from 10/28
1948, to NOV-7, 1948
that I last saw him alive on NOV-4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 1 wk.

Due to Chronic Myocardial degeneration 10 yrs.

Due to Senile debility with Cardiac & Vascular degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 2

23. Signature [Signature] (M.D. or other) DO
Address Vandalia, Mo. Date signed 11/8/48

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

RECEIVED

District Health Officer No. 10

District File Number 11-48-2003

Date Filed NOV 24 2003

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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.