

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JAN 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42133

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew 2 Registration District No. 13
(b) Township Madison Primary Registration District No. 4010 Registered No. _____
(c) City Savannah 1 (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM HANFORD RICE

(a) Residence, No. 286 WILLIAMS St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MRS MARGARET RICE (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-25-1851

7. AGE YEARS 87 MONTHS 9 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MACHANIC
9. Industry or business in which work was done, as saw mill, bank, etc. + POLICEMAN RETIRED
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) RICEVILLE (STATE OR COUNTRY) PENN

FATHER 13. NAME ANDREW J. Rice
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME MARY ROSWELL
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) _____

17. INFORMANT MRS. MARGARET RICE (ADDRESS) SAVANNAH MO18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND ST. JOSEPH DATE DEC-29-193819. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO20. FILED DEC 23 1938 Mrs A. R. King Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 193822. I HEREBY CERTIFY, That I attended deceased from Dec 20 1938 to Dec 21 1938I last saw him alive on Dec 20 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Diabetic Coma

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Walter O. Myer, M. D.(Address) Savannah Mo

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by:

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Fred Terhune
Licensed Embalmer No. 1279

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.)