

FILED MAR 14 1940

Registration District No. 896

Primary Registration District No. 4542

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether)
In this community 70 years
years, months or days

3. (a) PRINT FULL NAME

Calvin H. Rice

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary J. 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 1, 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 27 If less than one day X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER
12. Name Harper Rice
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Hurst
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wes Rice

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof March 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth

18. (a) Signature of funeral director Rev. J. J. Laine

(b) Address Marshfield, Missouri

19. (a) 3-6-40 (b) Elizabeth Hoffman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Marshfield
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 25th
1940 to Feb 27, 1940
that I last saw him alive on Feb 27th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ L

(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? L (Specify type of place) (e) Means of injury _____

23. Signature W. H. Spencer (M.D. or other) do.

Address Marshfield Date signed 3/4/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

