

Registration District No. 775

Primary Registration District No. 6020-a

Registrar's No. 46

1. PLACE OF DEATH:

- (a) County ST FRANCIS
- (b) City or town BONNE TERRE MO.
(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 1
(Specify whether years, months or days)

In this community 1
years, months or days

3. (a) PRINT FULL NAME JOSEPH RICE

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

- 4. Sex M.
- 5. Color or race WHITE
- 6. (a) Single, widowed, married, divorced WIDOWED

- 6. (b) Name of husband or wife HENRIETTA RICE
- 6. (c) Age of husband or wife if alive 75 years

- 7. Birth date of deceased Jan. 7 1858
(Month) (Day) (Year)

- | | | | | |
|---------|-----------------|------------------|----------------|----------------------|
| 8. AGE: | Years <u>82</u> | Months <u>10</u> | Days <u>12</u> | If less than one day |
| | | | | hr. min. |

- 9. Birthplace FRONDALE MO.
(City, town, or county) (State or foreign country)

- 10. Usual occupation PROSPECT DRILLER (RETIRED)

11. Industry or business

- 12. Name HUDSON RICE

- 13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

- 14. Maiden name EMILY KEY

- 15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

- 16. (a) Informant FRED RICE

- (b) Address BONNE TERRE MO.

- 17. (a) BURIAL (b) Date thereof 11-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation PLEASANT HILL MO.

- 18. (a) Signature of funeral director J.B. Boyer & Son

- (b) Address OTOSI MO.

- 19. (a) Nov. 20 1940 (b) N.W. Hawkins
(Date received in registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST FRANCIS
- (c) City or town BONNE TERRE
(If outside city or town limits, write "RURAL")
- (d) Street No. 218 LOW ST.
(If rural, give location)
- (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month Nov. day 19 - year 1940 hour 11 minute 20 M.

- 21. I hereby certify that I attended the deceased from 11-18-40 to 11-18-40 1940; that I last saw him alive on 11-18-40 1940 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Duration

?

Due to ASC

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? LOA
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? LOA (Specify type of place) (e) Means of injury

23. Signature Frank Roebber (M. D. or other) MD

Address Bonne Terre Date signed 11/20/40

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

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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

C. H. Bayer

Licensed Embalmer No.

4158

P. O. Address

Potosi Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.