

Registration District No. 242

Primary Registration District No. 5885

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Grant

(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 _____ (years, months or days) (Specify whether _____)

3. (a) PRINT FULL NAME Charley Everett Rice

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 Addie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 2 15 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name: Wesley Rice

13. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bagdad

15. Birthplace Halfway MO
(City, town, or county) (State or foreign country)

16. (a) Informant Altha Lindsey

(b) Address Louisburg

17. (a) Burial (b) Date thereof Dec 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cudington

18. (a) Signature of funeral director Hutchinson & Co.

(b) Address Bohman, Mo.

19. (a) Dec 17 1940 (b) Miss J R Cox
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th
year 1940 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

suicide self
infected razor used
by his own hands
several cuts
artery edge of side

Due to _____

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? _____ (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)

(e) Means of injury _____

23. Signature Thomas Brown (M. D. or other) _____

Address Bohman Mo Date signed 12-20-40

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

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1802

Date Filed 12-20-40

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 S. B. Hutchinson

Licensed Embalmer No. 1331

P. O. Address Bolivar

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, above space should be left blank.