

Registration District No. 89

Primary Registration District No. 5134 A

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fish Rural-Fish Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME ADA BELL RICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife W. G. Rice 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Feb 6 1899 (Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Butler Co. MO. U (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Liam Kearney
13. Birthplace Butler Co. MO. U (City, town, or county) (State or foreign country)
14. Maiden name Rose Ann Rice
15. Birthplace Butler Co. MO. U (City, town, or county) (State or foreign country)

16. (a) Informant W. G. Rice
(b) Address Fish, Mo. Q#1

17. (a) Burial (b) Date thereof 1-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Bernard's Cem.

18. (a) Signature of funeral director Edward J. Lutz
(b) Address 1234 1/2

19. (a) 1234 1/2 (b) Rate Lutz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(b) State MO (b) County Butler
(c) City or town Fish, Q#1 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
year 41 hour 5 minute 45 AM.

21. I hereby certify that I attended the deceased from Aug 2 1928 to Jan 19 1941
that I last saw him alive on Jan 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Liver Stage 17a
Due to Cancer Cervix (Treated at Bernard's)
Due to Fibroid (at local hospital)
Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Fibroid, Cervix
Of operations 4
Of autopsy 4

Duration _____
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 J. L. Lutz (M. D. or other) _____
Address Poplar Bluffs Mo Date signed Feb 4 1941

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

12
00
0

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.....

Licensed Embalmer No.....

P. O. Address.....

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.