

No. 2
4-12-40
5-17-40
I X 10

MAR 11 1941

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **STATE HOSPITAL No. 2 J**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 yrs 9 mo 5 ds**
(Specify whether years, months or days)

In this community **all of life 4 yrs 9 mo 5 ds**

3. (a) PRINT FULL NAME **Robert L. Rice**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

7. (b) Name of husband or wife **Amanda** (c) Age of husband or wife if alive **69** years

7. Birth date of deceased: **Nov. 17 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **26** If less than one day hr. min.

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

10. Usual occupation **farming**

11. Industry or business _____

MOTHER FATHER

12. Name **James M. Rice**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Thompson**

15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Amanda Rice**
(b) Address **Pickering, Mo.**

17. (a) **removal** (b) Date thereof **Feb 14 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maupilla Mo**

18. (a) Signature of funeral director **Rice Funeral Home**
(b) Address **Maupilla Mo**

19. (a) **Feb 15, 1941** (b) **D. J. Driestlebach**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Nadaway**

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

(d) Street No. **rural Pickering**
(If rural, give location)

(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **13** year **1941** hour **8-45** minute **a.** M.

21. I hereby certify that I attended the deceased from **May 23 1941** to **Feb 13 1941** that I last saw him alive on **Feb 13 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **intentional strangle w/b.**

Due to **Arteriosclerosis with myocardiasis**

Due to _____

Other conditions **emaciated and feeble for many months**

Major findings: _____

Of operations: _____

Of autopsy: **1/26**

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? **Yes**

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

23. Signature **J. T. D. Dill** (M. D. certifying) **G. M. D.**
Address **STATE Hosp #2, Pickering, Mo.** Date signed **2/14/41**

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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 Clayton M Price

Licensed Embalmer No. 1822

P. O. Address Manville Me

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, fact should be so stated above.