

FILED OCT 15 1941

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Vandalia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 511 W. Union  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 1 (Specify whether  
 In this community: See her life, 19 years years, months or days)

3. (a) PRINT FULL NAME Georgiana Brice

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

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: June 5 1922  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 3 21 hr. min.

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

10. Usual occupation nothing

11. Industry or business: \_\_\_\_\_

12. Name George Nolan Brice

13. Birthplace Vandalia MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Josephine Wickens

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

16. (a) Informant George Nolan Brice  
 (b) Address Vandalia, Mo

17. (a) burial (b) Date thereof Sept 28 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Martinsburg Mo

18. (a) Signature of funeral director: W. S. Water  
 (b) Address Vandalia, Mo

19. (a) 9/26/41 (b) W. S. Water  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew  
 (c) City or town Vandalia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 511 W Union  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26  
 year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cronax Verdict Duration \_\_\_\_\_  
I find that the deceased  
came to her death from  
 Due to natural cause, Pulmonary  
tuberculosis

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) \_\_\_\_\_  
 (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?  
 \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature E. Y. Benton Coroner (M.D. or other) 2  
 Address Webco, Mo Date signed 9/26/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1826

Date Filed OCT 13 1941

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..... Wm. B. Waters.....

Licensed Embalmer No. 4169

P. O. Address Vandalia T.

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, fact should be so stated above.