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X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37705**

DEC 16 1941

Registration District No. **30**

Primary Registration District No. **3003**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Monett, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
103 Pearl St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. **103 Pearl St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William David Rice**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **496-07-5279**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruth Snider Rice** 6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **Oct. 30, 1915**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	26	0	28	hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Salvage Shop**

12. Name **William Rice**

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

14. Maiden name **Mary Clevenger**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. D. Rice**

(b) Address **103 Pearl St., Monett, Mo.**

17. (a) **Burial** (b) Date thereof **11-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I. O. O. F. Cemetery**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett, Mo.**

19. (a) **11-29-1941** (b) **W. M. West**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **28** year **41** hour **4** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **11/21**, 19**41**, to **11/28**, 19**41**;

that I last saw him alive on **11/25**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death
Accidental burns (gasoline) 7 days
Bronchopneumonia 2 days
Pneumococcus meningitis 2 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) **181**

Major findings: Of operations _____
Of autopsy _____

Duration
7 days
2 days
2 days

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) **Accident**

(b) Date of occurrence **11/24/41/104**

(c) Where did injury occur? **near Crane Stone**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place.

While at work? **Yes** (Specify type of place) (c) Means of injury **Gasoline burn**

23. Signature **Frank Burr** (M.D. or other)

Address **Monett, Mo.** Date signed **11/29/41**

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1836

Date Filed DEC 11 1941

APR 18 1942

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 *Joseph C. Conway*

Licensed Embalmer No. 2066

P. O. Address *Mount Pleasant*

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.