V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13635

FILED MAY 20 1942

Registration District No. .....

Primary Registration District No. 1

Registrar's No. 120

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

1
3
3

**1. PLACE OF DEATH:**
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1011 E. McPherson 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 12 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Adair 1
(c) City or town Kirksville, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 E. McPherson 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara B. Rice

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 9 Widowed

6. (b) Name of husband or wife William Rice

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

7. Birth date of deceased Dec. (Month) 25 (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 1 Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John B. Gilliland
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Brown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virgil McClain
(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lancaster, Mo.

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

19. (a) April 30, 1942 (Date received local registrar) Mrs. J. L. Wagner (Registrar's signature)

1044

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 12
year 1942 hour 10.00 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 1 1941 to Apr. 12 1942
that I last saw her alive on Apr. 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to .....

Due to .....

Other conditions Pernicious Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature R. R. Ellis (M. D. or other)
Address Kirksville Mo Date signed 4-14-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-1122
Date Filed MAY 1-9 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 D E Riley

Licensed Embalmer No. 14181

P. O. Address Kirkland

**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.**