

**FILED JUN 15 1943**  
Registration District No. **2-11**

Primary Registration District No. **4409-4559**

Registrar's No. **9**

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

**1. PLACE OF DEATH:**

(a) County **St. Clair**  
(b) City or town **Monegaw Springs**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **six years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Clair**  
(c) City or town **Monegaw Springs**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Olie Rice**

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

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harry F. Rice** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **January 23 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>66</b>	<b>4</b>	<b>8</b>	hr. _____ min.

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

10. Usual occupation **Housekeeping**

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

12. Name **William Moffet**

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

14. Maiden name **Unknown**

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

16. (a) Informant **E. F. Rice**  
(b) Address **Monegaw Springs Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-2-43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Kansas City Missouri**

18. (a) Signature of funeral director **Osceola Funeral Home**  
(b) Address **Osceola Missouri**

19. (a) **May 31-43** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **31**  
year **1943** hour **12** minute **30** A. M.

21. I hereby certify that I attended the deceased from **1-7 1942** to **5-30-43**;  
that I last saw her alive on **5-30 1943**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cancer Throat**  
Due to **Hypertension**  
Due to **Diabetes**

Duration  
**30 hrs.**  
**many yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61**  
Of autopsy \_\_\_\_\_

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. H. Taylor, Jr.** (M. D. or other) **MD**  
Address **Osceola, Mo.** Date signed **5-31-43**

**Minnie Foster Deputy** (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number

Date Filed

5-4-3-464

6-7-42

**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.....

*Paul Tuastone*

Licensed Embalmer No. 3990

P. O. Address Osceola Mo.

**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.**