

FILED
AUG 7 1943
Registration District No. 24196

Primary Registration District No. 5338 5349 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Jasper Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
WINDYVILLE Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 66 yr 11 mo 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

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

(d) Street No. WINDYVILLE Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betsy Ann Rice

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 23
year 1943 hour _____ minute 2 M.

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

6. (b) Name of husband or wife Albert Rice 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 22 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1943 to 3-23 1943
that I last saw him alive on 3-21 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 11 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Intestines 19yr
Due to _____
Due to Hb

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

Other conditions Chronic Cardio renal disease
(Include pregnancy within 3 months of death)

10. Usual occupation House Keeper

MOTHER FATHER

11. Industry or business _____

12. Name Silas Phillips

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Hilderbrand 9
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: None
Of operations _____

Of autopsy None

16. (a) Informant Owen Rice

(b) Address WINDYVILLE Mo

17. (a) BURIAL (b) Date thereof 2-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scyru mer

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? _____

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 4/1/43 (b) Helen Davis
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H. G. Hammer (M. D. or other) MD

Address Buffalo Mo Date signed 3-25-43

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

RECEIVED
District Health Officer No. 7,
District File Number 7-43-745
Date Filed 8-6-43

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 Lloyd Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo 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.