

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1943 2
Registration District No. _____

Primary Registration District No. 5734

Registrar's No. 1152

1. PLACE OF DEATH:

(a) County... Buchanan

(b) City or town... Saint Joseph, Rural, Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. # 3, St. Joseph, 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... 15 years, _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri, (b) County... Buchanan

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

(d) Street No. Blackwell rd. R.F.D. # 3,
(If rural, give location) St. Joseph, Mo

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

3. (a) PRINT FULL NAME... Harry M. Rice,

3. (b) If veteran, name war... None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife... Lydia J. Rice

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 17, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>5</u>	hr. _____ min.

9. Birthplace Prairie City, Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation Letter Carrier,

11. Industry or business United States

12. Name Charles E. Rice,

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

14. Maiden name J. Lamaster,

15. Birthplace Louistown, Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry M. Rice,

(b) Address R.F.D. # 3, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem

18. (a) Signature of funeral director Walter H. ...

(b) Address 319 So. 10th. Street, St. Joseph, Mo

19. (a) 10/23/43 (b) Paul Storgoy
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd.
year 1943 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from Dec 5
1928, to Oct 22, 1943
that I last saw him alive on Oct 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency 15 yrs

Due to Chronic Hypertension unknown

Due to _____

Other conditions 9322
(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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Mustaw A. ... (M.D. or other) MD

Address Kirkwood Bldg. St. Joseph Mo. Date signed 10/22/43

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

MOTHER FATHER

1243

(Licensed Embalmer's Statement on Reverse Side)

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.....

Elmer Thomas

Licensed Embalmer No. *2640*

P. O. Address..... *St. Joseph, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Missouri not yet set
State File No. _____

Registration District No. 42 Primary Registration District No. 5-134 Registrar's No. 1050

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington Trwp. Route # 3
(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 Mo (b) County Buch
(c) City or town St Joseph Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry M. Rice
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 22 Year 1943 Hour _____ Minute 4 P. M.
21. I hereby certify that I attended the deceased from 12-5-28 to 10-22-1943
that I last saw him/her alive on 10-22-1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ludie 6. (c) Age of husband or wife if alive 5-8 years
7. Birth date of deceased: Dec 17 1888
(Month) (Day) (Year)

Immediate cause of death Chronic Myocardial Insufficiency Duration 15 yrs

8. AGE: Years 75 Months 10 Days _____ If less than one day _____ min.

Due to _____
Due to Chronic hypertension?
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Grant City, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Letter Carrier

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Charles E. Rice
13. Birthplace Louistown Ill.
(City, town, or county) (State or foreign country)
14. Maiden name La Master
15. Birthplace Louistown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry M. Rice
(b) Address Route # 3
17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

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)
_____ (e) Means of injury _____

18. (a) Signature of funeral director Horton Boyd & Rose
(b) Address St Joseph Mo
19. (a) 10-25-43 (b) Ral Deary
(Date received local registrar) (Registrar's signature)

23. Signature Gustav A. Lau (M. D. or other) _____
Address St Joseph Mo Date signed 10-23

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

SUPPLEMENTARY

34211