

FILED FEB 28 1944
Registration District No. 283

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 555 days
(Specify whether years, months or days)
In this community 555 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 310 Oak St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorsey Rice

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive 24th years
7. Birth date of deceased Sept. 24th 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 21
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name William Rice
13. Birthplace Holts Summit Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Susan Bryant
15. Birthplace Cedar City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State Sanatorium, Mt. Vernon, Mo.

17. (a) Burial (b) Date thereof 2-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill

18. (a) Signature of funeral director Ray A. Holt

(b) Address Cheney, Mo.

19. (a) 2-16-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1944 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 9, 1942 to Feb. 14, 1944,
that I last saw him alive on Feb. 14, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death tuberculous enteritis 2 yrs
Due to 13 ft

Other conditions Pulmonary tuberculosis June 1942
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy see above

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

23. Signature [Signature] (M. D. or other)
Address Mt. Vernon Mo Date signed 2-14-44

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

RECEIVED

District Health Officer No. 6,

District File Number 244-273

Date Filed FEB 25 1944

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.....

to be embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Ray A. Holt*

Licensed Embalmer No. *2603*

P. O. Address *Green Bloomfield Ct*

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.