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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8371

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 579

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mon. 4 days (Specify whether

In this community 6 mon. 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State Missouri (b) County 0

(c) City or town Usefull, (If outside city or town limits, write "RURAL") 0

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME George McClellan 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 Widowed

6. (b) Name of husband or wife Elen Lambeth

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

7. Birth date of deceased Aug. 4 (Month) 1890 (Day) (Year)

8. AGE: Years 53 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Newtonville, Indiana (City, town, or county) (State or foreign country) /

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Joseph Newman Rice
13. Birthplace Cincinatti, Ohio (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Elen Pryor
15. Birthplace Newtonville, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Useful, Mo.

18. (a) Signature of funeral director Vernon Morton

(b) Address Linn, Mo

19. (a) MAR 7 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1944 hour 5:50 minute P M.

21. I hereby certify that I attended the deceased from Sept. 2 1943, 19__, to March 6, 1944, 19__; that I last saw him alive on March 5, 1944, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 8361

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. W. Jansen (M.D. or other)

Address Manchester Mo Date signed 3/6/44

707 (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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lynn, Mass

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.