

No. 2
-12-45
5-17-39
I X47070

FILED JUN 31 1947

5655

Registration District No. 383 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 30 days
(Specify whether _____)

In this community 30 days
(years, months or days)

3. (a) PRINT FULL NAME Albert W. Rice

3. (b) If veteran, X name war _____

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased August 9th 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>9</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business X

12. Name Enos Andrew Rice

13. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Elliott

15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 6-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Mo

18. (a) Signature of funeral director Rice Fun Home

(b) Address Maryville Mo

19. (a) Chapman (b) Dr. Hubrick
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____
(If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No) 1

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1947 hour 9 minute 25 a.m.

21. I hereby certify that I attended the deceased from May 2, 1947 to June 1st, 1947
that I last saw him alive on June 1st, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Esophageal hemorrhage Duration Few Minute

Due to _____

Due to _____

Far Advanced Pul Tbc. Abt. 4 yrs

Other conditions Tbc. Enteritis Unknown

(Include pregnancy within 3 months of death)

Major findings: 3B

Of operations _____

Of autopsy Esophageal hemorrhage
Far Adv. Pul Tbc
Tbc. Enteritis

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)

(c) Means of injury _____

23. Signature Rudickman (M. D. or other) O

Address Mt. Vernon, Mo. Date signed 6-2-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number 647-649

Date Filed JUN 10 1947

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.....

E. M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, Tenn.

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.