

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 559
Registrar's No. 19

Registration District No. 111

Primary Registration District No. 4129

1. PLACE OF DEATH:
(a) County... Clay
(b) City or town... Mosby, Missouri
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution... Neither
In this community... 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town... Mosby
(d) Street No... None
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME PERRY EDGAR RICE
(b) If veteran, name war... No
(c) Social Security No. 499-09-2531

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17
year 1948 hour 10 minute 00 AM
21. I hereby certify that I attended the deceased from July 2, 1947 to Jan. 16, 1948
that I last saw him alive on Jan. 16th, 1948

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Elizabeth Rice
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased... January 14, 1880

Immediate cause of death (Disease of the Mitral valve of the heart)
Heart disease Sudden
Due to Same 2 yrs.

8. AGE: Years 68 Months 0 Days 3

9. Birthplace Morgan County, Illinois

10. Usual occupation Miner

11. Industry or business Rice Coal Mine

12. Name George N. Rice

13. Birthplace Illinois

14. Maiden name Lydia Ellis

15. Birthplace Illinois

16. (a) Informant Mrs. Perry Rice

(b) Address Mosby, Missouri

17. (a) Burial (b) Date thereof Jan. 21, 1948

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Mo.

19. (a) 1/21/48 (b) Caroline Hutchings

Other conditions None
Major findings: Of operations X
Of autopsy X

22. If death was due to external causes, fill in the following: X
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence X
(c) Where did injury occur? X
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? X (Specify type of place)
(c) Means of injury X

23. Signature John L. Hayes M.D.
Excelsior Springs, Mo. Date signed 1-19-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. &

District File Number

Date Filed 2-11-48

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.....

Lindell K. Gasman....., Registered Apprentice No. 88
working under my personal supervision.

Signed Robert Ray.....

Licensed Embalmer No. 41-82

P. O. Address Excelsior 5992, Me

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.