No. 2
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17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29192

Registration District No. 78 Primary Registration District No. 5283 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution: 1
(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 Missouri (b) County Clark 23

(c) City or town Rural Union Twp 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME Adda Mae Dice

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F.M.1

5. Color or race W.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 5 (Day) 1918 (Year)

8. AGE: Years 30 Months 4 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business ✓

FATHER
12. Name Elva Dice
13. Birthplace ✓ (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Clara B. Kapfer
15. Birthplace Clark Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Clara B. Kapfer
(b) Address Williamstown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ballard Cemetery

18. (a) Signature of funeral director Fred J Karle
(b) Address Kahoka Mo.

19. (a) 10/5-48 (Date received local registrar) (b) J R Bridges (Registrar's signature) 61

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1948 hour ..... minute 845 A.M.

21. I hereby certify that I attended the deceased from Apr 10, 1948 to Sept 29, 1948
that I last saw her alive on Sept 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcanoma of Kidney	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 52

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 2

23. Signature Dr. C. E. Todd (~~M. D. or other~~) D.O.
Address Williamstown Mo. Date signed 10/1/48

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1948

RECEIVED
District Health Officer No. 10
District File Number 10-48-1278
Date Filed OCT 12 1948

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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.