

FILED FEB 8 1950

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 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 748

BIRTH NO. _____		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5431		Registrar's No. 7					
1. PLACE OF DEATH a. COUNTY <i>Trankler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i>				b. COUNTY <i>Trankler</i>			
b. CITY (If outside corporate limits, write R.U.R.A. and give township) OR TOWN <i>Rural - Prairie</i>		c. LENGTH OF STAY (in this place) <i>years</i>		c. CITY (If outside corporate limits, write R.U.R.A. and give township) OR TOWN <i>Rural - Prairie</i>		0360					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Clair Co. R#1</i>				d. STREET ADDRESS (If rural, give location) <i>St. Clair Co. R#1</i>							
3. NAME OF DECEASED (Type or Print)			a. (First) <i>Bertie</i>			b. (Middle) <i>Rice</i>					
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year) <i>1-27-1950</i>					
5. SEX <i>F</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>6-27-1876</i>		9. AGE (In years last birthday) <i>73</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					
13a. FATHER'S NAME <i>John L. Perkins</i>			13b. MOTHER'S MAIDEN NAME <i>Sophronia McKay</i>			14. NAME OF HUSBAND OR WIFE <i>Lillie Wilson</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>no</i>			17. INFORMANT'S SIGNATURE OR NAME <i>Lillie Wilson</i>			ADDRESS <i>St. Clair - Mo</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arthritis Deformans</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7230</i> <i>years</i>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Malnutrition</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <i>1-17</i> , 19 <i>50</i> , to <i>1-27</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>1-26</i> , 19 <i>50</i> and that death occurred at <i>5-P</i> m., from the causes and on the date stated above.											
23a. SIGNATURE <i>W. E. Kitchell</i>					23b. ADDRESS <i>St. Clair Mo</i>			23c. DATE SIGNED <i>1-28-50</i>			
24a. BURIAL, CREMATION (REMOVAL) (Specify)		24b. DATE <i>1-29-</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove - Trankler Co Mo</i>			24d. LOCATION (City, town, or county) (State) <i>Trankler Co Mo</i>				
DATE REC'D BY LOCAL REG. <i>1-30-50</i>		REGISTRAR'S SIGNATURE <i>E. H. Worthington</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Sherrard & Kitchell</i>						
		REGISTRAR'S ADDRESS <i>96 U.S.</i>			FUNERAL DIRECTOR'S ADDRESS <i>St. Clair, Mo</i>						

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

RECEIVED
SEP 4 1950
District Health Officer No. 9,
District File Number

SEP 8 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Shemond W. Kitchell

Licensed Embalmer No.

3873

P. O. Address

St. Olaf, Ia

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.