

Kentucky Post - April 16, 1948

### Miss Betty Louise Rice

Services for Miss Betty Louise Rice, who died Wednesday at her home, Lower River road, Ludlow, will be held at the Whaley funeral home, Cynthiana, at 2 p. m. Saturday. Friends may call at the Allison & Rose funeral home, Covington, from 1 to 10 p. m. Friday.

Miss Rice was a member of Latonia Church of Christ. She was an employe of the Union Central Life Insurance Co., Cincinnati.

She leaves her parents, Mr. and Mrs. Frank H. Rice, Ludlow; a sister, Miss Mary Ellen Rice, at home; a brother, Frank H. Rice Jr., Minneapolis; her grandfather, Charles F. Holland, Cynthiana; and grandmother, Mrs. Mary Frances Rice.

Rice, Betty Louise 1926 - 1948

Form V. S. 1-A FEDERAL BUREAU OF INVESTIGATION U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		<b>DELAY</b> COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>		Model File No. <b>10515</b> Registrar's No. <b>117</b>
Registration District No. <b>790</b>		Primary Registration District No. <b>2290</b>		
<b>1. PLACE OF DEATH:</b> (a) County <u>Kenton</u> (b) City or town <u>Covington</u> (c) Name of hospital or institution <u>St. Elizabeth Hospital</u> (d) Length of stay in hospital or community _____		<b>2. USUAL RESIDENCE OF DECEASED:</b> (a) State <u>Kentucky</u> (b) County <u>Kenton</u> (c) City or town <u>Rural</u> (d) Street No. <u>Ludlow R. R. BOX 363</u> (e) If foreign born, how long in U. S. A. _____		
3(a) FULL NAME <u>Betty Louise Rice</u> 3(b) If veteran, Name was <u>NO</u> 3(c) Social Security No. _____ 4. Sex <u>Female</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>Single</u> 6(b) Name of husband or wife _____ 6(c) Age of husband or wife if alive _____ Years 7. Birth date of deceased <u>June 21, 1926</u> 8. AGE: Years <u>21</u> Months <u>9</u> Days <u>24</u> If less than one day hr. _____ min.		<b>MEDICAL CERTIFICATION</b> 20. DATE OF DEATH <u>April 14, 1948</u> 21. I hereby certify that I attended the deceased from <u>April 10, 1948</u> to <u>April 14, 1948</u> , that I last saw him alive on <u>April 14, 1948</u> and that death occurred on the date stated above at <u>10:35 P. M.</u> Immediate cause of death <u>Cardiac Failure - Toxic Myocarditis</u> Due to <u>Typhoid Fever</u> Other conditions _____ Major findings: Of operations <u>1-93A</u> Of autopsy _____		
9. Birthplace <u>Cynthiana, Kentucky</u> 10. Usual occupation <u>Sect.</u> 11. Industry or business <u>Union Central Life Ins.</u> FATHER { 12. Name <u>Frank H. Rice Sr.</u> 13. Birthplace <u>Kentucky</u> MOTHER { 14. Maiden name <u>Bessie T. Holland</u> 15. Birthplace <u>Kentucky</u>		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? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (c) Means of injury _____ 23. Signature <u>M. J. Weber M.D.</u> Address <u>468 Elm St. Indiana Ky</u> Date signed <u>May 3, 1948</u>		
16(a) Informant's own signature <u>Frank H. Rice</u> (b) Address <u>Ludlow R. R. Box 363</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Battle Grove</u> Date <u>April 17, 1948</u> 18(a) Signature of funeral director <u>Alfred H. Ober</u> (b) Address <u>1021 Madison Ave. Covington Ky</u> 19(a) <u>MAY 6 1948</u> (Date received by local Registrar) (b) <u>Alfred H. Ober</u> (Registrar's Signature)		DURATION <u>Four days</u> 19(b) _____		