

DEC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27065
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis, Missouri (d) Street No. Missouri Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John M. Rice
 (a) Residence, No. st. NR Corning Arkansas.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Oklahoma

FATHER 13. NAME John N. Rice
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Oklahoma

MOTHER 15. MAIDEN NAME Anna Creekbaum
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Oklahoma

17. INFORMANT Norman Rice
 (ADDRESS) 5724 Wabada
 18. BURIAL, CREMATION, OR REMOVAL PLACE Corning Arkansas DATE August 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Black Funeral Home Corning Arkansas

20. FILED AUG 10 1938 J. F. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1938, to 8-9, 1938.

I last saw him alive on 8/9/38 19..... Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Manic Depression
Psychosis

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Wet bed

(Signed) J. F. ... M. D.(Address) 7315 Michigan

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.