

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

33639
Do not use this space.

DEC 1 4 1938

1. PLACE OF DEATH
 (a) County Lamar Registration District No. 467
 (b) Township Amor Primary Registration District No. 5628 Registered No. 64
 (c) City _____ (d) Street No. _____ 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 David Scott Rice
 (a) Residence, No. Rt 2 Amor Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1938</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____	
	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) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amor, Mo.</u>		
FATHER	13. NAME <u>Walter Scott Rice</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amor, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Marie Frazier</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amor, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mr. Walter Rice Rt 2 Amor, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Clay Hill Amherst</u> DATE <u>Nov. 30, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walter Rice Rt 2 Amor, Mo.</u>		
20. FILED <u>Nov 30, 1938</u> <u>R D Cowan M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938 to Nov. 29, 1938
 I last saw him alive on Nov. 29, 1938 Death is said to have occurred on the date stated above, 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Multiple hemorrhage as a result of pneumonia
 Date of onset Nov 26

Other contributory causes of importance: 70%

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), list 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 _____
 (Signed) Dr. Bennett H. Harty M. D.
 (Address) 16 E. Amherst St. Amor, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-825

Date Filed DEC 16 1938

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.