REC'D OCT 12 1939

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

31925
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan
Registration District No. 1001
(b) Township
Primary Registration District No.
Registered No. 973
(c) City St. Joseph, Mo.
(d) Street No. St. Joseph's 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 Lucille Rice
(a) Residence, No. St. Cameron Mo
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 1929
7. AGE YEARS 10 MONTHS 4 DAYS 29 If LESS than 1 day, ...hrs. or ....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) Altamont Mo

FATHER
13. NAME J E Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Mo

MOTHER
15. MAIDEN NAME Sallie Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lingo Mo.

17. INFORMANT (ADDRESS) J E Rice Cameron, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron DATE Sept 21 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) O A Moore Cameron Mo.
20. FILED Sept 22 1939 H J Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1939
22. I HEREBY CERTIFY, That I attended deceased from June 28 1939, to Sept 21 1939
I last saw her alive on Sept 21 1939. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Goitre (Exophthalmic)	1938
66 b	

Other contributory causes of importance:
Myocarditis - Apr 1939

Name of operation Thyroidectomy Date of 9/19/9
What test confirmed diagnosis? Lab. Was there an autopsy? No

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
(Signed) Frank Hardigan, M. D.
(Address) Kingsley, Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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, O A Moore, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed O A Moore

Licensed Embalmer No. 1180

P. O. Address Cameron 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, above space should be left blank.