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

32642
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 21 Registration District No. 410
(b) Township Preston 1 Primary Registration District No. 4243 Registered No. 15
(c) City Jasper (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 25 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irvin Rice
(a) Residence, No. 200 Jasper Mo St.
(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*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 5 1861
7. AGE: YEARS 78 MONTHS 6 DAYS 8 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.: Blacksmith
10. Date deceased last worked at this occupation (month and year): Aug 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Nathan C Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Nancy Sills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): George Rice Jasper Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Paradise Cem DATE: Sept 13 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Teeter Bros Jasper Mo
20. FILED: Sept 23 1939 Clara E. Carver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept-13-1939
22. I HEREBY CERTIFY, That I attended deceased from May-1st, 1939, to Sept-13, 1939
I last saw him alive on Sept. 11, 1939. Death is said to have occurred on the date stated above, at 9-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) W. H. Knott, M. D.
855 (Address) Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File 1039-1914

Date Filed OCT 2 1939

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, Thos J Teeter, or by

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

Signed Thos J Teeter

Licensed Embalmer No. 26-66

P. O. Address Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.