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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38704

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 911

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1700 Blk. East Commercial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1823 E. Blaine (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arthur Rice

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Feb. (Month) 24 (Day) 1924 (Year)

8. AGE: Years 16 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Student.

11. Industry or business

FATHER
12. Name Calvin H. Rice
13. Birthplace Unknown (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Elsie Needham
15. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Calvin Rice

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) 13 (Day) 1940 (Year)

(c) Place: burial or cremation Springdale, Arkansas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-13-40. (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1940 hour 1 minute a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him ~~alive~~ dead on Nov 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured Skull	
Due to Thrown to pavement ~~from~~ by car - deceased was riding	
Due to bicycle	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

21 D M

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 11-11-40

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on street 1700 block E. Commercial St (Specify type of place) was in a bicycle

While at work? yes (e) Means of injury and was hit by a car

23. Signature R Ned White (M. D. or other)

Address Coroner Greene County Date signed 11-11-40

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1946

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield, Mo.

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

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