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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DECEASED MAY 10 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14342

Dr. H. I. Taylor

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 147

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407 Harrison Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME John R. Rice
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Zella Rice 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased December 7 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 24 hr. min.

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

10. Usual occupation Retired shoe worker

11. Industry or business _____

MOTHER FATHER { 12. Name H. H. Rice
13. Birthplace Bohne County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cropper
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Rice
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. H. Gordon
(b) Address Jefferson City, Missouri

19. (a) 5-5-41 (b) Dr. H. I. Taylor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 10 1941 at Jefferson City 1941:
that I last saw her alive on April 1st 1941:
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum Duration 18 m.

Due to _____
Due to 4/6/8
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. I. Taylor M.D. (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address Jefferson City, Mo. Date signed 5/3/41

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

LAUG 22 1964

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed *Thos J Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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, fact should be so stated above.