

Registration District No. 45 Primary Registration District No. 5067 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Milford
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Milford
(d) Street No. _____
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Marion 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 Isabelle Rice 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28th, 1866

8. AGE: Years 75 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Linn CO, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Rice
13. Birthplace unknown
14. Maiden name Zillian Howell
15. Birthplace unknown

16. (a) Informant Mrs Isabelle Rice
(b) Address Milford, MO.

17. (a) Burial (b) Date thereof 5-29-41
(c) Place: burial or cremation Round Prairie Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar

19. (a) 5-29-41 (b) Elmer L. Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May 27th day
year 1941 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from April 23
1941 to May 27 1941
that I last saw him alive on April 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death, Malignancy of Stomach
Lachesis Duration 1 1/2 years
Due to _____
Due to _____
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 Thomas G. Duesit (M. D. or other) _____
Address Sheldon, Mo Date signed 5/28/41

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

RECEIVED

District Health Officer No. 6,

District File Number 641-962

Date filed JUN 14 1941

JUN 17 1941

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 R. W. Dwyer

Licensed Embalmer No. 3141

P. O. Address Lamar 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.