

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 270	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> 0104			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 North 7th St.</u>				d. STREET ADDRESS (If rural, give location) <u>207 N 7th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Rice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28-1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 16 1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Dept of Columbia</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>D. A. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Fox</u>		14. NAME OF HUSBAND WIFE <u>Vangie Rice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sammy Rice Columbia</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Apr-1950</u> <u>10th Oct-1948</u> <u>7 mo.</u>			
ANTECEDENT CAUSES <u>Ca. of Tongue -</u>				DUE TO (b) <u>no</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Melanosis to glands of neck -</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>neck -</u>			
19a. DATE OF OPERATION <u>Apr 7 - 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. of Left Lateral border of Tongue</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (a. In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct-10</u> , 19 <u>50</u> , to <u>Oct-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct-26</u> , 19 <u>50</u> , and that death occurred at <u>5:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. C. Duggest</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>10-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 30 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Willett</u>		ADDRESS <u>Columbia Mo</u>	

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

RECEIVED 11-6-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-6-50

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Chas. J. Patton*

Licensed Embalmer No. 4700

P. O. Address Columbia, Md

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.