

REC'D JUN 22 1938

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

18780
 Do not use this space.

1. PLACE OF DEATH

(a) County Livingsstone Registration District No. 508
 (b) Township 1 Primary Registration District No. 3026 Registered No. 241
 (c) City Chillicothe (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lizzie S. Rice 245
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Rice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14-1853</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer Co. Penn.</u>		
FATHER	13. NAME <u>James As Rogers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
17. INFORMANT (ADDRESS) <u>Harry D. Rice Chillicothe, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Utica, Conn. DATE June-1 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>James D. Gordon Chillicothe, Mo.</u>		
20. FILED <u>6/4</u> 19 <u>38</u> <u>Donald McDowell, M.D.</u> Local Registrar. <u>456</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30-1938

22. I HEREBY CERTIFY, That I attended deceased from May 28 1938 to May 30 1938
 I last saw her alive on May 30 1938 Death is said to have occurred on the date stated above, at 1:4 P.M.
 The principal cause of death and related causes of importance were as follows:
Strangulated femoral hernia 70 yrs. May 28/38
 Other contributory causes of importance:
120 W

Name of operation Amputation Date of May 29/38
 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. C. Carpenter, M. D.
 (Address) Chillicothe

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.

STATEMENT BY LICENSED EMBALMER

I, James D Gordon, Licensed Embalmer No. 1870
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James D Gordon
✓ L. E. ✓
No. ✓ or by ✓ Registered Apprentice No. ✓
working under my personal supervision.

Signed

James D Gordon

Licensed Embalmer No. 1870

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.)

