

REC'D JUN 8 1939

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

18601

Do not use this space.

367

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 or City SPRINGFIELD (d) Street No. Bapt. Hosp. 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 Roma Estel Rice

(a) Residence, No. 801 N. Jefferson 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1917

7. AGE YEARS 21 MONTHS 4 DAYS 18 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Eminence,
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Lon V. Hogan

14. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Altah Kofhal

16. BIRTHPLACE (CITY OR TOWN) Licking
 (STATE OR COUNTRY) Missouri

17. INFORMANT Paul Rice
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eastlawn DATE May 4, 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILED 5-4, 1939 Chas. A. George M. D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1938, to May 2, 1939

I last saw h. m. alive on May 2, 1939. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Eclampsia

Date of onset
March
1939

Other contributory causes of importance:

Band's Ring Constriction with prolonged labor & delivery

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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? _____

If so, specify _____

(Signed) R. W. White, M. D.290 (Address) Springfield

MAR 25 1948

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. H. 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 with the above constitutes grounds for revocation of license.)

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

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