DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D NOV 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34110

Registration District No. 791 Primary Registration District No. Registrar's No. 8648

1. PLACE OF DEATH: 1003 1
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 2
(a) State Ill. (b) County
(c) City or town Harrisburg, Ill. NR (If outside city or town limits, write "RURAL")
(d) Street No. RR #1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Asby Rice 2
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Doris Rice
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March (Month) 16 (Day) 1886 (Year)

8. AGE: Years 53 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Harrisburg (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business 1
FATHER
12. Name James Rice
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Ann Brothers
15. Birthplace Ill. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. A. Rice
(b) Address Harrisburg
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 - 11 - 39 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisburg, Ill.
18. (a) Signature of funeral director Union Funeral Home
(b) Address Harrisburg, Ill.
19. (a) OCT 20 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1939 hour 3 20 minute P M.

21. I hereby certify that I attended the deceased from Sept 29, 1939, to October 8, 1939; that I last saw him alive on October 8, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cecum. Contributing cause peritonitis	
Due to 46	
Due to	
Other conditions Peritonitis from Carcinoma (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. B. Starkloff (M. D. or other)
Address BARNES HOSPITAL Date signed 10/8/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Howard F. Rowland.

Licensed Embalmer No. 3114

P. O. Address St. Louis 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.