

S. No. 2  
-11-10-39  
5-17-39  
PI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13708

State File No. \_\_\_\_\_

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 17

**1. PLACE OF DEATH:**  
 (a) County Barton  
 (b) City or town Lamar 21st  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 14 years  
years, months or days

3. (a) PRINT FULL NAME ORA L. RICE  
 8. (b) If veteran, name war None  
 8. (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 Lottie Rice  
 6. (c) Age of husband or wife if alive 33 years  
 7. Birth date of deceased December 22 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 3 9 \_\_\_\_\_  
hr. min.

9. Birthplace Jerico Springs, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Milling and feed store

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name William A. Rice  
 13. Birthplace Cedar County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Minnie Caldwell  
 15. Birthplace Van Alstene, Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Rice  
 (b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof April 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME  
 (b) Address Lamar, Missouri

19. (a) 4-3-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Barton 6  
 (c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 601 Broadway  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
 year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 29 1941 to April 1 1942  
 that I last saw him alive on Mar. 30, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid colon metastases to liver  
 Duration 6 mo. +  
6 mo. +

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions malnutrition  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Carcinoma of sigmoid with metastases to liver (C.A. Mayo - Rochester Minn.)  
 Of autopsy \_\_\_\_\_  
 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 Fern T. Bichel (M, D. or other) M.D.  
 Address Lamar, Mo. Date signed Apr. 2 1942

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

RECEIVED

District Health Officer No. 6,

District File Number 542-623

Date Filed MAY 6 1942

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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 Lester P. Hubbard

Licensed Embalmer No. 3550

P. O. Address Lamar, Missouri

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.