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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19938

State File No.

FILED JUL 13 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5620

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

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1. PLACE OF DEATH:

(a) County

(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Clay

(c) City or town Flora NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harrison Eugene Rice Jr.

3. (b) If veteran, name war no

3. (c) Social Security No. 346-12-9657

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name [illegible] and or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 28 (Day) 1925 (Year)

8. AGE: Years 17 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Flora, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Poultry Co.

11. Industry or business Poultry Business

FATHER
12. Name Lewis Harrison Rice
13. Birthplace Flora, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Nina Cox
15. Birthplace Halton, Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Rice

(b) Address Flora, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/42 (Month) (Day) (Year)

(c) Place: burial or cremation Elmewood Cem. Flora, Ill.

18. (a) Signature of funeral director Albert H Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) JUN 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1942 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture fifth Cervical Vertebra with displacement when he dove

Due to 12 feet into waist deep water striking his head

Due to on the bottom at Flora Ill. June 28/1942 exact

Other conditions Mins unknown
(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) Accident

(b) Date of occurrence 6/28/42

(c) Where did injury occur? Flora (City or town) Ill. (County) 136 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? no (e) Means of injury Sinking with hollow water

23. Signature Thomas F. Callaran (M. D. or other) 3

Address Deputy Coroner Date signed 6/30/42

(Licensed Embalmer's Statement on Reverse Side)

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.....J. G. Sullivan.....

Licensed Embalmer No.....1122.....

P. O. Address.....

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.