S. No. 2
M—2-43
5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8685

FILED MAR 28 1946

Registration District No. 73 — Primary Registration District No. 5143 — Registrar's No. 103

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff - Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt 3 — Poplar Bluff Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 30 years / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 12

(a) State Mo. (b) County Butler "

(c) City or town Poplar Bluff - Rural (If outside city or town limits, write "RURAL") "

(d) Street No. Rt 3 (If rural, give location) "

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Robert Edward Rice

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Lena Rice

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

7. Birth date of deceased August (Month) 10 (Day) 1876 (Year)

8. AGE: Years 69 | Months 7 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Gail Rice

(b) Address Poplar Bluff, Mo. R3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-46 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Woodland Cemetery

18. (a) Signature of funeral director Lloyd Russell

(b) Address Piggott Ark.

19. (a) 3-23-46 (Date received local registrar) (b) R H Minthee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18 year 46 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb - 12? 1946, to 18 Mar 1946 that I last saw him alive on about 15 Mar 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary Carcinoma of Rectum	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 f

Major findings: Of operations Biopsy Positive for Ca.

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 A H Brookreson (M. D. or other) MD

Address 321 Oak St Poplar Bluff Mo. Signed 22 Mar 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 346-4
Date Filed 3-26-46

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 .....

Licensed Embalmer No. 4399

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.