

FILED APR 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 965

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38 Days  
(Specify whether  
In this community 25 Years  
years, months or days) 25

3. (a) PRINT FULL NAME Jackson Mrs. Jeanette Sheldon Rice

3. (b) If veteran, name war None 3. (c) Social Security No. 486-05-1087

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Aubrey Rice 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August 13 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 6 16 hr. min.

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

10. Usual occupation Employee Dr. Paul Lux Off

11. Industry or business Bryant Bldg.

12. Name Lester R. Jackson

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

14. Maiden name Shirley

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

16. (a) Informant Aubrey Rice

(b) Address 3528 Terrace

17. (a) Burial (b) Date thereof March 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 1, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3310 Holmes Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29  
year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1940 to Feb 28 1940.  
that I last saw her alive on Feb 28 1940.  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cirrhosis of liver  
Parasitosis 12/4/35  
2 1/2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy above

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury 1

23. Signature J. H. DeLoach (M. D. or other)  
Address 1405 Bryant Bldg Date signed 2/29/40

Memorial Hospital  
8-10, 4-5

**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 Kenneth Page Sipe  
Licensed Embalmer No. 4125  
P. O. Address 1309 Brush Creek K.C. 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.