

1-19-40
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17649

Registration District No. 399

Primary Registration District No. 1002

State File No.

Registrar's No. 2176

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:
1607 East 35th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 18 years
years, months or days)

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. 1607 East 35th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1940 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from
May 26, 1940, to May 26, 1940,
that I last saw him alive on May 26, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 day

Due to g2a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (e) Means of injury !
28. Signature Kenneth G. Davis (M. D. or other) M.D.
Address 3301 Woodland Date signed 5-27-40
Kansas City Mo

3. (a) PRINT FULL NAME Mrs. Anna Laura Rice 2AN

8. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife William Rice 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 5 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Isaac West

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

14. Maiden name Mary Smith

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

16. (a) Informant William Rice
(b) Address 1607 East 35th St., K. C., Mo.

17. (a) burial (b) Date thereof 5-28
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 27, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

Dr. Kenneth A. Davis.

3301 Woodland

after 2:30

1968 JUN 10 10 00 AM

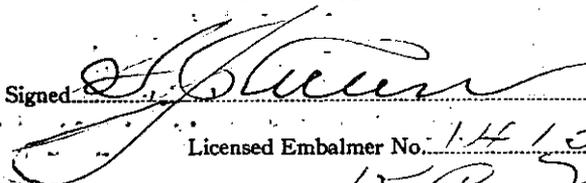
STATEMENT BY LICENSED EMBALMER

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. 1415-

P. O. Address

W. C. 7200

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.