

Registration District No. **399**

Primary Registration District No. **1002**

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: Trinity Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 32 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Charles Anderson Rice  
8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mrs. Mary M. Rice 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased September 27 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business -----  
MOTHER FATHER { 12. Name James T. Rice  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Young  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Rice  
(b) Address 5823 Walnut St.

17. (a) Burial (b) Date thereof 11/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Edwards, Missouri

18. (a) Signature of funeral director W. H. Newcomer Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 30, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0  
(c) City or town Edwards  
(If outside city or town limits, write "RURAL")  
(d) Street No. -----  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th  
year 1940 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from July 28 1940 to Aug 29 1940  
that I last saw him alive on Aug 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease  
Due to General arteriosclerosis  
arteriosclerotic nephritis  
Due to Hypertrophy Prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Hypertrophy Prostate  
Of operations -----  
Of autopsy above

Duration  
PHYSICIAN  
— 131  
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) (e) Means of injury -----

23. Signature Shurwood (M. D. or other) -----  
Address 1016 Reilly, Kansas Date signed 8/29/40

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

**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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address 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.**