

No. 2  
-12-40  
17-39  
X2318

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

JAN 10 1941  
Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution  
2641 Patee Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years  
In this community 16 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2641 Patee Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jasper Newton Rice  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 1  
year 1940 hour 2 minute 45 a. M.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Florence  
(c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 13 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1 1940 to Dec 1 1940  
that I last saw him alive on Dec 1 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 18  
If less than one day hr. min.

Immediate cause of death  
Pulmonary thrombosis

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

Due to Probable lung congestion  
Due to and arterio sclerosis

10. Usual occupation Owner & Operater

Other conditions  
(Include pregnancy within 3 months of death)

11. Industry or business Chilli Company  
12. Name Jasper N. Rice  
13. Birthplace Harrison County Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

16. (a) Informant Mrs. Florence E. Rice  
(b) Address 2641 Patee St., St. Joseph, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) burial (b) Date thereof December 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Kidwell Cemetery  
18. (a) Signature of funeral director Hatter Mieschopper  
(b) Address 1302 Faraon, St. Joseph, Missouri

23. Signature W. E. Hartsch  
Address 1202 Frederick, St. Joseph Date signed 12-1-40

19. (a) Dec 7 1940 (b) H. J. Reschke  
(Date received local registrar) (Registrar's signature)

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**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 *Chas Jester*  
Licensed Embalmer No. *No. 4154*

P. O. Address *St. Joseph, Missouri.*

**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.**