

FILED JAN 17 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 3019

Registrar's No. 301

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 618 East College  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 2  
In this community 7 years - 9 months (Specify when years, months or days)

3. (a) PRINT FULL NAME Euglene Ruth Rice

3. (b) If veteran, name war none 8. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 10 - 1938  
(Month) (Day) (Year)

8. AGE: Years 2 Months 9 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Gay N. Rice

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

14. Maiden name Myrtle Reynolds

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

16. (a) In \_\_\_\_\_  
(b) Address 618 East College

17. (a) Burial (b) Date thereof 12/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alew Ch. Cemetery

18. (a) Signature of funeral director George C. ...  
(b) Address Independence, Mo.

19. (a) Dec. 3 40 (b) J. L. Cook, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 618 East College  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
year 1940 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from November 3, 1940, to Dec. 2, 1940  
that I last saw her alive on Dec. 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 3 days

Due to Congenital Heart disease Life

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

Other conditions 1511C  
(Include pregnancy within 3 months of death)

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

Of autopsy Patent interauricular Septum  
Hypertrophy of both ventricles

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?  
360 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Seymour Johnson (M. D. or other) \_\_\_\_\_  
Address 604 W. Maple Date signed 12-3-40

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

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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.....

Licensed Embalmer No.....

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, above space should be left blank..**