No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27392
3050

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

WHITE 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: Northwest Corner-12th & Jackson (If not in hospital or institution, write street number or location) ---
(d) Length of stay: In hospital or institution ---
In this community 21 Years 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 343 South Elmwood Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country --- 0

3. (a) PRINT FULL NAME MR. LOUIS O. RICE
3. (b) If veteran, name war World War
3. (c) Social Security No. 486-10-3097
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Bernice Rice
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased February (Month) 8 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	4	... hr. ... min.

9. Birthplace EDWARDS (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation Bus Operator
11. Industry or business K.C. Public Service Co.
FATHER 12. Name John W. Rice
FATHER 13. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Elizabeth O. Rice
MOTHER 15. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Bernice Rice
(b) Address 343 So Elmwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MT. Washington Cemetery
18. (a) Signature of funeral director D. F. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1941 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration
Due to: Chronic Fibrous Myocarditis
Due to: Bronchiectasis
Other conditions (Include pregnancy within 3 months of death): 93P
Major findings: Of operations
Of autopsy

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

23. Signature Russell Wilson (M. D. or other) 3
Address KC Date signed

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1941

SEP 10 1941

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, fact should be so stated above.