

FILED FEB 11 1942
399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 9

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:
3017 East 36th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community 50 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. 3017 East 36th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Juliette Irene Bice

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

4. Sex Female / race White 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mr. William M. Bice 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased May 19 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 14 .hr. min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER
12. Name Henry Macumber
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Griswold
15. Birthplace Benjamin New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. de Wille Duncanson
(b) Address 3017 E. 36th Street

17. (a) Burial (b) Date thereof Jan. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1401 Mt. Washington Cemetery

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

19. (a) 3/42 (b) M. M. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1942 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec. 16,
1941, to Jan. 2, 1942
that I last saw her alive on Jan. 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
last stroke Dec. 26, 1941

Due to Hypertension

Due to Stroke

Other conditions Stroke
(Include pregnancy within 1 month of death)
Mrs. Isabelle Duncanson

Major findings: Stroke
Of operations. Stroke
Of autopsy. Stroke

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 John P. Lewis M.D. (M. D. or other)
Address 3548 Seward Ave. Date signed 1/2/42

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

Mr. Lewis
36th & Indiana
R. 7611
2-5

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 W. Simpson.....

Licensed Embalmer No. 3905.....

P. O. Address L. 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.