

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

10311

FILED APR 15 1942

Primary Registration District No.

1001

Registrar's No.

322

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO METHO HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 049
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3350 WILLHAM Rd.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ELMER, WILLIAM, RICE

3. (b) If veteran, name war ← 3. (c) Social Security No. 487-87-1915

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Berna Maude Rice 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased APRIL 27 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 28 If less than one day hr. min.

9. Birthplace MOBERLY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business Food BROKER

12. Name JAMES-PERRY RICE

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

14. Maiden name SARAH E. THOMPSON

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

16. (a) Informant (SON) William Rice

(b) Address 1320 E 36 Kansas City Mo.

17. (a) Removal (b) Date thereof 3-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Quark & Tobin
(b) Address 26th + Lawrence Kansas City Mo.

19. (a) 3/26/42 (b) H. G. Medebuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1942 hour 3: minute 0 p.m.

21. I hereby certify that I attended the deceased from Mar 20 1942 to Mar 25 1942
that I last saw him alive on Mar 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension Duration 5 da
Due to High blood Pressure

Due to _____
Other conditions ← 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations ← Of autopsy rw.
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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature: H. A. Kearley (M. D. or other) 0
Address: St Joseph Mo Date signed 3-25-42

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

011

MAY 11 1948

JAN 5 1948

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, fact should be so stated above.