

FILED MAY 21 1942

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution:
1221 Tracy Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Over ten Years**
 In this community **Over ten Years**
 years, months or days

3. (a) PRINT FULL NAME **Al Rice**
 3. (b) If veteran, **no** name war. 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color of race **Negro** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **1869** years
 7. Birth date of deceased **Feb. 1** (Month) - **1869** (Day) (Year)

8. AGE: **73** Years Months **3** Days **4** If less than one day hr. min.

9. Birthplace **Independance** (City, town, or county) **MO** (State or foreign country)
 10. Usual occupation **Unemployed**

11. Industry or business
 12. Name **Samuel Rice**
 13. Birthplace **Dont Know** (State or foreign country)
 14. Maiden name **Dont Know** **Dont Know**
 15. Birthplace **Dont Know** (City, town, or county) (State or foreign country)

16. (a) Informant **Emma Petterson**
 (b) Address **1212 Virginia St**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 18-1942** (Month) (Day) (Year)
 (c) Place: burial or cremation **Leeds Cemetery**
 18. (a) Signature of funeral director **West Applington Jones**
 (b) Address **1905 Vine st**
 19. (a) **5-14-42** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **1221 Tracy Ave**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **5** year **1942** hour **P.** minute **P.** M.
 21. I hereby certify that I attended the deceased from **May 2, 1942 to May 2, 1942**
 that I last saw him alive on **May 2, 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **mitral regurgitation**
 Duration **6 days**

Due to **72 B**
 Due to
 Other conditions **Arteriosclerosis**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **none**
 Of operations
 Of autopsy **none**
 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 **D**
 23. Signature **D. M. Miller** (M. D. or other)
 Address **607 E. 18th St. Mo.** Date signed **5-17-42**

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.....

2710

P. O. Address.....

Kansas City 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.