

**FILED DEC 28 1942**  
Registration District No. 7-99

Primary Registration District No. 1002

Registrar's No. 4659

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 45 years  
(Specify whether 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 19th Terrace,  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME James A. Rice,  
(b) If veteran, name war World War #1  
(c) Social Security No. 500-03-9499

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 12  
year 1942 hour 9:45 minute P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Thelma Rice, 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased February 23 1893.  
(Month) (Day) (Year)

Immediate cause of death  
Rupture of the urinary bladder  
Due to Fracture of the pelvis  
Due to Crushing injury of the pelvis

8. AGE: Years Months Days If less than one day  
49 9 20 hr. min.

Other conditions (Include progress within 3 months of death)  
Major findings:  
Of operations 16926  
Of autopsy See above 30

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

10. Usual occupation Switchman,  
11. Industry or business Railroad

MOTHER FATHER  
12. Name Ruben Rice,  
13. Birthplace Ohio,  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Slaughter  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Rice,  
(b) Address 3017 E. 19th Ter., Kansas City, Mo.  
17. (a) Burial (b) Date thereof 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn Cemetery,

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
16926  
30

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 12-14-42 (b) M. N. Crown  
(Date received local registrar) (Registrar's signature)

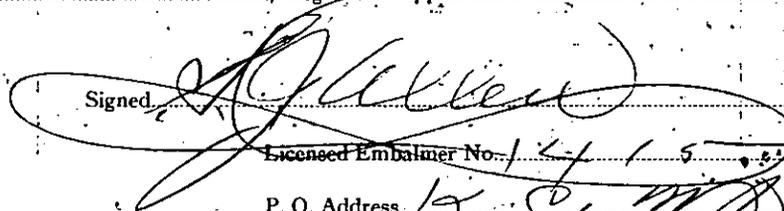
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 123  
(b) Date of occurrence 12/5/1942  
(c) Where did injury occur? K.C. Mo. Jackson Co.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Railroad yards crushed between  
Car & loading  
dock.  
While at work? Yes (Specify type of place) (M. D. or other)  
(c) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address K.C. Mo. Date signed 12/13/42

**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. 1415

..... P. O. Address 1901 W. 1st St.

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.

MAY 6 1943