

FILED MAY 12 1944

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 31

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Jennie Tribble Kice

3. (b) If veteran, name war No 3. (c) Social Security No. 486-05-8966

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Kice 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21 - 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 12 hr. _____ min.

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

10. Usual occupation Hotel Maid

MOTHER FATHER

11. Industry or business _____

12. Name Joseph Tribble

13. Birthplace Unknown, Ken.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Joe Tribble Kice
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof May 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director T. M. ...
(b) Address Richmond, Mo.

19. (a) May 5 44 (b) Mrs. Charles Sheppard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 201 E. Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1944 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 4-26-44
to 5-3-44, 19____
that I last saw him alive on 5-3-44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 3 days

Due to _____
Due to _____

Other conditions Myocarditis
(Include pregnancy within 3 months of death) Chronic Nephritis

Major findings:
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature For J. ... (M. D. or other) _____
Address Richmond Mo Date signed 5-6-44

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-11-44

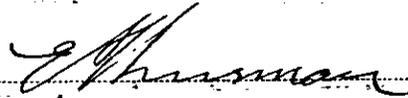
STATEMENT BY LICENSED EMBALMER

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. 2073

P. O. Address Richmond 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.