S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13526

FILED APR 24 1946

Registration District No. 5 Primary Registration District No. 25-73 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs Mo Route #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1 Rural Sni-a-bar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Blue Springs Mo Route #1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Hattie M Rice

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Femal 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Miller Rice

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 5 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Marion Smith
13. Birthplace ..... Ky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Phoebe
15. Birthplace ..... Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Nile Adams
(b) Address 1416 Locust

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 3 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director Mrs C L Forbes
(b) Address 918 Brooklyn

19. (a) Apr. 3-46 (Date received local registrar) (b) Mrs. John Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 1 year 1946 hour 8 minute 8 A.M.

21. I hereby certify that I attended the deceased from Nov 26, 45 ..... 19..... to April 1 ..... 19 46 that I last saw her alive on 4-1 ..... 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure — Duration

Due to Primary carcinoma of the sigmoid c metastis

Due to to the liver.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Carcinoma of Sigmoid c metastisis to liver

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Merrill R Bay (M. D. or other)

Address Blue Springs, Mo Date signed 4-2-46

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(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address K 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.