

FILED SEP 3 1946
 Registration District No. 149

Primary Registration District No. 1002

State File No. _____
 Registrar's No. 3642

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

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 917 TRACY-UNITY School
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 42 YEARS
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. 5140 WALSH AVENUE
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MISS BEVA E RICE
 (b) If veteran, name war no
 (c) Social Security No. 499-14-9907

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 21
 year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE vs. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MARCH 16 1899
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death Deputy Coroner Subarachnoid Hemorrhage Duration _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>47</u> | <u>5</u> | <u>5</u> | hr. _____ min. _____ |

Due to _____
 Due to Spontaneous
 Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____
 Of autopsy See Above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation SECRETARY

11. Industry or business Unity School of Christianity

12. Name GEORGE M. RICE

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

14. Maiden name DAISY T. STARR

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

16. (a) Informant Guy F. Rice

(b) Address 4132 College Avenue

17. (a) BURIAL (b) Date thereof Aug 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. J. Newcomb

(b) Address 140 Brush Creek Blvd

19. (a) 8-22-46 (b) Geraldine Holmes
(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) _____

(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) (Means of injury)

23. Signature W. E. Upsher (M. D. or other) MD
 Address 2800 Main Day _____

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 Emile M. Osbourn

Licensed Embalmer No. 3506

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.