

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37147

Registration District No. FILED NOV 20 1946

Primary Registration District No. 1002

Registrar's No. 4633

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANJAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NORTHEAST HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-DAYS
(Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANJAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1150 EAST-65TH STREET 8
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No) 0
If yes, name country FRANCE

3. (a) PRINT FULL NAME Mrs. Rosina ~~Bazin~~ Rice

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. S. N. RICE 6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased DECEMBER - 7 - 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 24 hr. min.

9. Birthplace FRANCE 5
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name Joseph BAZIN
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Leo Hadvea Ploubier
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CHARLES L. RICE

(b) Address 1150 EAST-65TH STREET

17. (a) Burial (b) Date thereof NOV. 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLYD

19. (a) 11-24-46 (b) Steadline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 31 57
year 1946 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 5
1946 to Oct 31, 1946
that I last saw her alive on Oct 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (acute) Duration 2 days

Due to Diabetic Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations U1

Of autopsy

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

22. If death was due to external causes, fill in the following:

(c) 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 mode of place) (e) Nature of injury 2

23. Signature [Signature] (M. D. or other) DO.
Address 3800 E 27, 180 N.W. Date signed 11-2-46

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

1-5
2000
1-5

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. Calhoun

Licensed Embalmer No. 3506

P. O. Address K E M

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.