

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
434 West 61st Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 62 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. 434 West 61st Terrace  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Arvilla ~~Rice~~ Gifford

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Fredrick W. Gifford 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May 10 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 6 4 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name John Rice  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary  
15. Birthplace New Hampshire  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ward Gifford,  
(b) Address 434 W. 61st Ter., Kansas City, Mo.

17. (a) burial (b) Date thereof 11-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-17-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14  
year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 18 1941 to Nov 14 1947  
that I last saw her alive on Nov 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Due to High Blood pressure  
Due to

Other conditions (Include pregnancy within 3 months of death)  
830

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? (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) (c) Means of injury

23. Signature E. K. R. [unclear] (M. D. number) 0  
Address 928 Professional Bldg. Date signed Nov 15, 47

Duration  
2 yrs  
7 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

Drs. D. Robinson, Jr. or Kip Robinson

*Proff Biedt*  
*6/14*  
*9-2-5*

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 *Robert H. Beel*

Licensed Embalmer No. *3745*

P. O. Address *H. C. MD*

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.