

FILED APR 17 1948

Registration District No. 149

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12848

Registrar's No. 1415

12048
 12848
 1415

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:
GENERAL HOSPITAL NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 HRS.
 In this community 25 YRS.
 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. 1119 BROOKLYN
 (If rural, give location)
 (e) Citizen of foreign country? NO
 If yes, name country _____

3. (a) PRINT FULL NAME

THEODIUS LEE RICE

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-12-0610

4. Sex MALE 2 | 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JEWELL RICE
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased: JANUARY 10, 1913
 (Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 18
 If less than one day hr. _____ min. _____

9. Birthplace PINE BLUFF ARKANSAS
 (City, town, or county) (State or foreign country)

10. Usual occupation MUSICIAN

11. Industry or business _____

MOTHER FATHER { 12. Name LUTHER RICE
 13. Birthplace JEFFERSON COUNTY ARKANSAS
 (City, town, or county) (State or foreign country)
 14. Maiden name JOSEPHINE BARNES
 15. Birthplace JEFFERSON COUNTY ARKANSAS
 (City, town, or county) (State or foreign country)

16. (a) Informant JEWELL RICE (WIFE)
 (b) Address 1119 BROOKLYN

17. (a) Burial (b) Date thereof April 2, 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Appleton & Jones

(b) Address 1905 Pine St.

19. (a) 3-31-48 (b) Gertrudine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28,
 year 1948 hour 11: minute 00 A. M.
 21. I hereby certify that I attended the deceased from MARCH
27, 1948 to MARCH 28, 1948
 that I last saw h. IM alive on MARCH 28, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death HEALED RHEUMATIC
HEART DISEASE WITH AORTIC VALVULITIS
2. HYPERTROPHY AND DILATATION OF HEART
3. ACUTE PULMONARY EDEMA AND CONGESTION

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

Major findings: _____
 Of operations 92a
 Of autopsy SAME AS ABOVE

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)
 (e) Means of injury _____

23. Signature [Signature] M.D. or other M.D.
 Address GENERAL HOSPITAL NO. 2 Date signed 3/29/48

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

92 a
95-C 3
95-C 2
111 c

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.....

Thomas H. Meeks, Registered Apprentice No. *39*
working under my personal supervision.

Signed

D. J. Fleet

Licensed Embalmer No.

2710

P. O. Address

1905 Vine St.

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.