S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16641

Registration District No. 150 — Primary Registration District No. 5572 — Registrar's No. 101

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Prairie Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No.: 119 S. Pendleton (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. KATHERINE RICE
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: John N. Rice (deceased)
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: October 26, 1874 (Month) (Day) (Year)

8. AGE: Years 74 | Months 6 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Wellington, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business
FATHER
12. Name: Mr. Ples Hicklin
13. Birthplace: unknown, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Bell
15. Birthplace: unknown, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Harold Knapheide
(b) Address: 700 Northern, Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence, Mo.
19. (a) MAY 13, 1948 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 11 April 48 ~~12 Mar~~, 19..., to 12 May, 1948 that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	yrs.
Due to	
Due to	
Other conditions: Gangrene left foot (Include pregnancy within 3 months of death)	mos.
Major findings: Senile dementia	
Of autopsy	

PHYSICIAN: Underline the cause of 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: Frank E. Treharne, M.D. Kind of other
Address: Independence, Mo. Date signed: 5/13/48

Jefferson City Printing Co. (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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, 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.