

No. 2  
4-5-43  
5-17-39  
X34671

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

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:  
2809 EAST 6TH STREET 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 36 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 2809 EAST 6TH STREET 0  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. VANCE RICE

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-09-0267

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 8  
year 1948 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. GRACE RICE

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased AUGUST 23, 1879  
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis

Duration \_\_\_\_\_

8. AGE: Years Months Days 69 0 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 6 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation CEMENT

11. Industry or business FINISHER

12. Name EBENEZER RICE

13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name MELINDA SHERMAN

15. Birthplace INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Rice

(b) Address 2809 East 6th St.

17. (a) BURIAL (b) Date thereof 9-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETARY

18. (a) Signature of funeral director D.W. Newcomer

(b) Address 1401 Bush Creek Blvd

19. (a) 9-9-48 (b) Theraldine 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) (e) Means of injury \_\_\_\_\_

23. Signature A.E. Crocker (M.D. or other) \_\_\_\_\_  
Address 2800 1/2 Main Date signed 9/9/48

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

MOTHER FATHER

**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 *D. J. Popfinger*.....

Licensed Embalmer No. *3938*.....

P. O. Address *Kansas City, 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.**