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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36830

Registrar's No. 4341

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:
Rosemont Hospital, 633 E. Armour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Leeds 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 3808 Fuller, Street 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Mary Crawford RICE

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: John B. Rice

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

7. Birth date of deceased: August (Month) 3 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	2	18	hr. min.

9. Birthplace: ~~Mason~~ County (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: William Crawford
13. Birthplace: Mason County (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name: Oletha --- TILTON
15. Birthplace: Mason County, (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant: Thomas P. Crawford

(b) Address: Eldorado Springs, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 10-25-48. (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar

(b) Address: Kansas City, Missouri

19. (a) 10-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 48 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 6, 1948, to Oct 21, 1948; that I last saw her alive on Oct 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	5 days
Hypostatic pneumonia	3 days
Due to Acute Cholecystitis & gall stones	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death): Sclerosis of liver, cystic Kidneys, Arterio sclerosis	

Major findings:
Of operations:
Of autopsy: all of above finding

PHYSICIAN — Underline the cause to 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: Myron D. Jones (M. D. or other) M.D.

Address: 3E 36th St K.C., Mo. Date signed 10-22-48

(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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.