

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40955

State File No.

5359

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3709 E 12th St.,</u>		d. STREET ADDRESS (If rural, give location) <u>3709 E 12th St.,</u>	

3. NAME OF DECEASED (Type or Print) <u>BERNICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/19/50</u>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <u>Fem</u>			6. COLOR OR RACE <u>Wh</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>7/6/1922</u>		
9. AGE (In years last birthday) <u>28</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Bellvue Kans</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Albert Clawitter</u>		13b. MOTHER'S MAIDEN NAME <u>Alveng Soelter</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Rice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>512-16-4190</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James H. Rice, 3709 E 12th</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by hanging</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Post-partum Psychosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6281</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Mercury from attending M.D.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u>		21b. PLACE OF INJURY (e.g., porch, home, farm, factory, street, office, bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-19-50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>hanging</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>		23b. ADDRESS <u>1034 Parkside Bldg</u>		23c. DATE SIGNED <u>12-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/21/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wells Creek Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Wamego, Kans.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-20-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		ADDRESS	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John P. Shief

Signed.....
Student Embalmer

Licensed Embalmer No. *3625*

P. O. Address. *176 7th*

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.