

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4886
594

FILED MAR 3 1951

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>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>6 Year</u>		d. STREET ADDRESS (If rural, give location) <u>3806 Genesse</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3806 Genesse</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>J.</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH (Month) <u>February</u> (Day) <u>6</u> (Year) <u>1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 15, 1864</u>		9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (Retired)</u>	
11. BIRTHPLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Daniel Rice</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Louchenbach</u>		15. NAME OF HUSBAND OR WIFE <u>Lulu Myrtle Rice</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George W. Tanner K.C. Mo.</u>		18. ADDRESS _____		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>33 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from Dec 1st, 1950, to Feb 6, 1951, that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 4 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>M.F. Sewell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1722 W 39</u>		23c. DATE SIGNED <u>2-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Louth Ks. Cemetery Mc Louth Kansas</u>	
24d. LOCATION (City, town, or county) (State) _____		24e. NAME OF CEMETERY OR CREMATORY _____		24f. LOCATION (City, town, or county) (State) _____	

DATE REC'D BY LOCAL REG. <u>2-8-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, Kansas City, Ks.</u>	
ADDRESS _____		ADDRESS _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Jimmy S. Hubbs

Signed.....
Student Embalmer

Licensed Embalmer No. *4892*

P. O. Address *Merion, Kans.*

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.