

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28132
 Do not use this space.

REC'D SEP 6 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. 3122 Washington Registered No. 3134 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 200 Michael M. Rice (Michael M. Rice)
3122 Washington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Rice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 6 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Order Buyer for KC stock yards
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) August 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

FATHER 13. NAME Unknown 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Susan Rice
3122 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's DATE 8-8 1939

19. FUNERAL DIRECTOR (ADDRESS) Daniel Brav
87 1236 Marquette

20. FILED 877 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1938, 1938, to Aug 6, 1939. I last saw him alive on Aug 6, 1939. Death is said to have occurred on the date stated above, at 10-9 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 8-4

Other contributory causes of importance:

Senility
Arterial Sclerosis

Name of operation Date of

What test confirmed diagnosis Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Carl J. Gaddard, M. D.

(Address) 11036 Union Blvd. Kansas City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Katie Daniels Parish, Licensed Embalmer No. 2391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Katie Daniels Parish

Licensed Embalmer No. 2391

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.)