

FILED AUG 17 1942

Registration District No. 149

Primary Registration District No. 399

Registrar's No. 2905

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

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:
3610 Chesnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **59 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Kansas City** 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. **3610 Chesnut**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT NAME **MARY MARGARET BRICE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1942** hour **5** minute **0** M.

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

3. (c) Social Security No. **none**

I hereby certify that I attended the deceased from **July 10** to **July 31** 19**42**
that I last saw her alive on **July 31** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Widow**

Immediate cause of death: **Carcinoma of Bladder**
Duration: **1 1/2**

6. (b) Name of husband or wife **JOHN F. BRICE** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **August 14** **1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **16** If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace: **New York City**
(City, town, or county) (State or foreign country)

10. Usual occupation: **At Home**

11. Industry or business _____

12. Name: **Patrick Hill** **Ireland** 4
(City, town, or county) (State or foreign country)

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

14. Maiden name: **Mary Coffey**

15. Birthplace: **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Miss Agnes Hill**

(b) Address: **3610 Chesnut**

17. (a) **Burial** (b) Date thereof: **8-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. St. Marys**

18. (a) Signature of funeral director: **J.F. O'DONNELL CO**
3250 Broadway K.C. MO.

(b) Address: _____

19. (a) **8/2/42** (b) **m. m. brom**
(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? _____ (a) Means of injury _____

23. Signature: **[Signature]** (M. D. or other) _____
Address: **[Address]** Date signed: **8/1/42**

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. M. J. Owens

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 *Park G. Rowe*
Licensed Embalmer No. *2347*
P. O. Address, *K. C. 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.