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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 1 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4425

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:
4735 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Greer Rice

3. (b) If veteran, name war No

3. (c) Social Security None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. James Rice

6. (c) Age of husband or wife if alive 3 years 1865

7. Birth date of deceased: November 3 1865

(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>77</u> | <u>11</u> | <u>13</u> | hr. min. |

9. Birthplace Bonham Texas

(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Greer

13. Birthplace Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Wallace

15. Birthplace Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant [Signature]

(b) Address 4735 Virginia Ave. Mo.

17. (a) Burial [Signature] (b) Date thereof Oct. 18, 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-18-43 (b) [Signature]

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4735 Virginia Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th

year 1943 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 7, 1942

to Oct 16, 1942

that I last saw him alive on Oct 15, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Hypostatic Bilateral

Due to Carcinoma - L Breast metastatic

Due to _____

Other conditions none 50

(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

Duration _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address 1114 1/2 E. 13th Date signed 10/16/43

(Licensed Embalmer's Statement on Reverse Side)

Original Body

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address KC 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.