

FILED NOV 14 1944

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4390

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: St. Luke's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 7 DAYS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 mi. South of Ocala, Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Kenneth Price Rice

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July 17 1901  
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Johnson Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chas. Rice

13. Birthplace Johnson Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Willa Pemberton

15. Birthplace Johnson Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lowell Rice

(b) Address Holden, Mo.

17. (a) Removed (b) Date thereof 10/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Chapel, Holden, Mo.

18. (a) Signature of funeral director Chas. T. Truman

(b) Address Ocala, Mo.

19. (a) 10-31-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28<sup>th</sup>  
year 1944 hour 5:55 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 27<sup>th</sup>  
1944 to Oct 27<sup>th</sup> 1944  
that I last saw him alive on Oct 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Perforation carcinoma transverse colon

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations Carcinoma of transverse colon  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature L. P. Engel (M. D. or other) M.D.  
Address Playa Med Bldg Date signed 10-30-44

Duration

7 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

48  
3  
8

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

561

**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 James T. Heurman

Licensed Embalmer No. 75741

P. O. Address Odessa 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.**