

FILED JAN 31 1946

State File No. 275

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 1018 BROADWAY ESTILL HOTEL
(If not in hospital or institution, write street number or location)

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

In this community 15 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1018 BROADWAY ESTILL HOTEL 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES. ARTHUR. RICE

3. (b) If veteran, name war No

3. (c) Social Security No none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16
year 1946 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

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

Immediate cause of death: Coronary Arteriosclerosis
Deputy Coroner

Duration _____

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. UNKNOWN RICE

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

7. Birth date of deceased AUGUST 23 1880
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/4a

Major findings: Of operations _____

Of autopsy Inspection

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 4 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace SPRINGFIELD MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NIGHT CLERK

11. Industry or business ESTILL HOTEL 1018 BROADWAY

12. Name JOSEPH RICE

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

14. Maiden name LILLY B. LINDLEY

15. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JOHN L. RICE

(b) Address SPRINGFIELD MISSOURI

17. (a) REMOVAL (b) Date thereof JAN 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD MISSOURI

18. (a) Signature of funeral director O.H. Newcomer Son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-17-46 (b) Geraldine Holmes
(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? _____
(Specify type of place) (a) Means of injury

23. Signature A.E. Usher (M. D. or other) M.D.
Address 2800 main Date signed 1/17/46

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

1213

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..... *Elmer Hovshay*.....
Licensed Embalmer No. *1767*.....
P. O. Address..... *Kansas City*.....

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.