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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40475

State File No. \_\_\_\_\_

**FILED DEC 19 1946**  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5070

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:  
3511 Cherry  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
(Specify whether  
In this community 4 years  
years, months or days)

3. (a) PRINT FULL NAME George Edward Brice  
(b) If veteran, name war no.  
(c) Social Security No. no.

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

6. (b) Name of husband or wife Mrs. Mary E. Young Brice  
6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 23 1857  
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 7  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business X

MOTHER FATHER {  
12. Name John Brice  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Rice  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Y. Brice  
(b) Address 3511 Cherry, Kansas City, Mo.

17. (a) Removal (b) Date thereof 12-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Center, Missouri

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-3-46 (b) Sheldine Holmes  
(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. 3511 Cherry  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 30  
year 1946 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from March 13, 1942 to Nov 30, 1946  
that I last saw him alive on Nov 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
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 0  
23. Signature George H. Moreland (M. D. or other) MD  
Address 520 Commercial Bldg. Date signed 12-2-46

Duration

5 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Her mother  
Prof. 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 *J. Clair Shppard*

Licensed Embalmer No. *4177*

P. O. Address *H. 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.**