No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 29936

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3761

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days. (Specify whether In this community 34 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Clay. 24

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

(d) Street No. / (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Margery Ann Rice

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Aug (Month) 9 (Day) 1948 (Year)

8. AGE: Years | Months 1 | Days ~~36~~ 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation # infant

11. Industry or business #

FATHER
12. Name Oscar Rice
13. Birthplace Gashland (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Marie Cox
15. Birthplace Hume (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Oscar Rice
(b) Address Gashland, Mo.

17. (a) Barry Mo. (Burial, cremation, or removal) (b) Date thereof 9-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Barry Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City Mo.

19. (a) 9-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 13 year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from ~~Aug 9~~ Pathologist, 19~~48~~, to ~~Sept 13~~, 19~~48~~; that I last saw her alive on ~~Sept 13~~, 19~~48~~ and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Premature Birth. | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 159 | |

Major findings:
Of operations
Of autopsy Prematurity.

PHYSICIAN
Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. H. Schmidt (M. D. ~~or other~~)
Address St. Lukes Hosp. Date signed 9-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North 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.**