

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24324
Do not use this space.

1. PLACE OF DEATH

(a) County **Jackson** Registration District No. **399**
 (b) Township **Kaw** Primary Registration District No. **1002**
 (c) City **Kansas City** (d) Street No. **3922 Walnut** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Susan Ann Price
 (a) Residence, No. **3922 Walnut St** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert Campbell Price**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 23, 1859**
 7. AGE YEARS **79** MONTHS **3** DAYS **20** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **At home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Peter Behan**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Sarah Ann Harris**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT **Mrs. Julia N. Platt (Daughter)**
(ADDRESS) **5429 Harrison, Kansas Cy. Mo.**18. BURIAL PLACE **Union Cemetery**
Kansas City, Mo. DATE **July 14, 1938**19. FUNERAL DIRECTOR (NAME) **Stine & McClure**
(ADDRESS) **Kansas City, Missouri.**20. FILED **7-13 1938** **M. M. Crowe, M.D.**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 13 1938** to **July 13 1938**
 I last saw him alive on **July 13 1938** at **3:15** p. m.
 The principal cause of death and related causes of importance were as follows:

Toxemia from Chronic cystitis
174

Other contributory causes of importance:

Large stone in bladder

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) **Alyce O'Donnell**, M. D.
 (Address) **430 S. Walnut**

*Wyle & Sons
Embalmer
2017*

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.