

SEP 19 1938

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

28605
Do not use this space.

1. PLACE OF DEATH
 (a) County Cedar Registration District No. 1657
 (b) Township Linn Primary Registration District No. 5231
 (c) City Stockton (d) Street No. _____ 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 Cora Hortense Price
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. J. Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 14

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olean Mo.
 13. NAME James E. Procter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitor Co., Mo.

MOTHER
 15. MAIDEN NAME Amanda Starling
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) T. J. Price Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Panky Cemetery DATE Aug. 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO. Stockton, Mo.

20. FILED Aug 25, 1938 Mrs. P. A. Brown Local Registrar. 156

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1937 to Aug 22, 1938
 I last saw her alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 11 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
Grainary
 Date of onset _____

Other contributory causes of importance: H²O

Name of operation none 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) H. A. Snywell, M. D.
 (Address) STOCKTON MO

RECEIVED
District Health Officer No. 7,
District File Number 7-38-36
Date Filed 9-13-38

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,

Melvin Church

or by

Registered Apprentice No., working under my personal supervision.

Signed

Melvin Church

Licensed Embalmer No. 3272
Stockton, Mo.

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.