JAN 1 c 1939

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

43577
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette Registration District No. 460
(b) Township Primary Registration District No. 4272 Registered No. 70
(c) City Corder (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 Sarah Frances Hampton Price
(a) Residence, No. ..... 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4. 1842
7. AGE YEARS 96 MONTHS 0 DAYS 2 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.
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) Dover Mo.

FATHER
13. NAME Joseph J. Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Elizabeth Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo.

17. INFORMANT (ADDRESS) Mary Van Meter Corder Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Corder Mo, DATE 11-8, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Halfer & Meinershagen Higginsville Mo.
20. FILED Jan 2, 1939 Tiffany Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1938.
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Nov 6, 1938
I last saw her alive on Nov 5, 1938. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Influenza	Oct 1, 1938

Other contributory causes of importance:

edema of lungs	Oct 6

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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) A D Johnston, M. D.
(Address) Corder Mo

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/4/39

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. 539, working under my personal supervision.

Signed Elfred H Halfer

Licensed Embalmer No. 539

P. O. Address Higginsville 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, above space should be left blank.