

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

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

8063
Do not use this space.

107
REC'D MAR 13 1939

1. PLACE OF DEATH
 (a) County Texas Registration District No. 863
 (b) Township Piney Primary Registration District No. 6137 Registered No. 5
 (c) City Houston (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Max Dean 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 -- 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
Houston Mo

FATHER
 13. NAME Albert Price
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iona Mich.

MOTHER
 15. MAIDEN NAME Dorothy Decker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenceburg Ind

17. INFORMANT Albert Price
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Feb 25th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Taylor & Elliott
Rehoboth Md

20. FILED Feb 24 1939 Mabel Shacklett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Order 5 1938 to Feb 24 1939
 I last saw h. alive on Feb 22 1939 Death is said to have occurred on the date stated above, at 10-45 A.M.
 The principal cause of death and stated causes of importance were as follows:
Lobular Pneumonia Date of onset _____
107 W
 Other contributory causes of importance Congenital Conditions

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) W. J. Herron M. D.
Houston, Md
 911 (Address) _____

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.