

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

14175
Do not use this space.

REC'D MAY 16 1939

1. PLACE OF DEATH

(a) County BATES Registration District No. 2 366
 (b) Township Deepwater Primary Registration District No. 5675
 (c) City Appleton City, Mo. 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

DAVID SMITH HART PRICER
 (a) Residence, No. _____ St. APPLETON CITY, MO.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED --- HUSBAND OF (OR WIFE OF) Mr. D.S. Pricer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1955

7. AGE YEARS 85 MONTHS 3 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 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) Barnumbridge Ohio

FATHER 13. NAME David Stewart Pricer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT D.S. Pricer (ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Westfield Cem. DATE 4-5-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom Spence Deepwater, Mo

20. FILED May 10 1939 Grace V. Adair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1939

22. I HEREBY CERTIFY, That I attended deceased from March 27 1939, to April 3 1939

I last saw him alive on April 2 1939 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death, and related causes of importance were as follows:

Chronic myocarditis
Carcinoma of stomach
with metastases

Date of onset

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) A. L. Hansen, M. D.

(Address) Appleton City Mo.

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.

Mrs. O'neill
Dunce

RECEIVED
District Health Officer No. 71
District File Number 7-35-709
Date Filed 5-6-39

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.....

Tom Hurst....., Registered Apprentice No.
working under my personal supervision.

Signed *Tom Hurst*
Licensed Embalmer No. 2782
P. O. Address *Deepwater 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.