

REC'D JUL 10, 1930

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

21041
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, Mo. (d) Street No. 2002 1/2 Indiana, 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

(629) Mary Leon Price,
(a) Residence, No. 2002 1/2 Indiana 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 (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin S. Price | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1884. | | | | |
| 7. AGE 54 | YEARS " | MONTHS 10 | DAYS 4 | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife | | | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. X | | | |
| | 10. Date deceased last worked at this occupation (month and year) X | | 11. Total time (years) spent in this occupation. X | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri | | | | |
| FATHER | 13. NAME Andrew Gigel, | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | | |
| MOTHER | 15. MAIDEN NAME Elizabeth Stowell, | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York. | | | |
| 17. INFORMANT (ADDRESS) Edwin S. Price, 2002 1/2 Indiana, K. C., Mo. | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6/7 19 30 | | | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, 3235 Gillham Plaza, K.C., Mo. | | | | |
| 20. FILED June 5 1930 M. M. Crowe Local Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-4-39**, 19

22. I HEREBY CERTIFY That I attended deceased from 6-4-39, 19

I last saw him live on 6-4-39 Death is said to have occurred on the date stated above, at 3:35 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic diffuse myocardial fibrosis
hypertrophy of the heart
acute pulmonary congestion

Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **M. M. Crowe** M. D.
(Address) **Forest Hill, K.C., Mo.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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.