

NOV 24 1939

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

36932
Do not use this space.

1. PLACE OF DEATH
(a) County Polk Registration District No. 209
(b) Township Flemington Primary Registration District No. 5938
(c) or City Polk (d) Street No. 6291 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. 19 How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Nora Ellen Price
(a) Residence, No. 620 St. Polk (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 Harrison Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1870
7. AGE YEARS 69 MONTHS 14 DAYS 14 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) Ill
FATHER 13. NAME Steve Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
MOTHER 15. MAIDEN NAME Mary E Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
17. INFORMANT (ADDRESS) Harrison Price
Flemington, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Flemington DATE Oct. 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph T. Funt
Humansville, Mo.
20. FILED Oct 30 1939 Ulda McCreath
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 17, 1939 to October 25, 1939
I last saw her alive on October 16, 1939. Death is said to have occurred on the date stated above, at 7 A. am.
The principal cause of death and related causes of importance were as follows:
Hypertensive cardiovascular disease Date of onset 1935?
Other contributory causes of importance: 95 lb
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? No
If so, specify N. H. Bowerman M. D.
(Signed) N. H. Bowerman (Address) Humansville, Mo.

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

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 Ralph A. Joseph

Licensed Embalmer No. 31819

P. O. Address Humansville

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.