

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

38508  
Do not use this space.

REC'D DEC 11 1939

1. PLACE OF DEATH  
 (a) County JACKSON Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 4272  
 (c) City KANSAS CITY (d) Street No. ST. LUKE'S HOSPITAL 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 NITA A. PRICE  
 (a) Residence, No. SOON INDEPENDANCE, HARRISONVILLE, MO. (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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 - -

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
 9. Industry or business in which work was done, as saw mill, bank, etc. School  
 10. Date deceased last worked at this occupation (month and year) May, 1939 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co., Mo.

FATHER  
 13. NAME Clarence B. Price  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co., Mo.

MOTHER  
 15. MAIDEN NAME Bena Stephens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co., Mo.

17. INFORMANT (ADDRESS) Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville, Mo. Nov. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNEN BURGER'S Harrisonville, Mo.

20. FILED Nov. 8, 1939 M. M. Crowe Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1939 to Nov. 8, 1939  
 I last saw her alive on Nov. 8, 1939. Death is said to have occurred on the date stated above, at 10:55 a.m.  
 The principal cause of death and related causes of importance were as follows:  
MITRAL INSUFFICIENCY  
AORTIC STENOSIS  
TERMINAL PNEUMONIA (Lobar)  
BILATERAL HYDROTHORAX  
PERICARDIAL EFFUSION

Date of onset

Other contributory causes of importance: 108

Name of operation NONE Date of

What test confirmed diagnosis? Clinical 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) H. P. Cunningham, M. D.  
 (Address) H. P. Cunningham, Harrisonville, Mo.  
Professional Collg.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 V. S. NO. 2  
 50M-9-19-38  
 I X16605

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.

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**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.**