

DEC 2 1939

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

40920
Do not use this space.

1. PLACE OF DEATH 3

(a) County Saline Registration District No. 796

(b) Township 1 Primary Registration District No. 3038 Registered No. 179

(c) City Marshall (d) Street No. Mo. State School St. 179
(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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Bernice Price

(a) Residence, No. Mo. State School Marshall Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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) Apr. 14, 1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>16</u>	<u>6</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child Care

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) Repley Co Mo.

FATHER 13. NAME Albert C Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Repley Co Mo.

MOTHER 15. MAIDEN NAME Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Repley Co Mo.

17. INFORMANT (ADDRESS) Mo. State School Record Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo State School DATE Nov 8th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hershberger Marshall Mo.

20. FILED 11-8-39 Mary Kent Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1939, to Nov 7, 1939. I last saw him alive on Nov 6, 1939. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Lobar Pneumonia Oct 7 39

105

Other contributory causes of importance:

lung Abscess Oct 20-39

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? Yes

If so, specify _____ (Signed) M. K. Pope, M. D.

(Address) Marshall Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Statement of information should be exactly stated. PHYSICIANS should state.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/20/39

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,

William C Shelton

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

William C Shelton

Licensed Embalmer No. *3929*

P. O. Address *Marshall, M*

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.