

REC'D JAN 18 1940

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

42627
Do not use this space.

1. PLACE OF DEATH 2

(a) County Atchison Registration District No. 20

(b) Township Tarkio Primary Registration District No. 4014

(c) City Tarkio Mo Tarkio (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Luther Paris Price

(a) Residence, No. Tarkio Mo St. (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 Janie Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

65 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd 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) 3 Yrs

11. Total time (years) spent in this occupation ###

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCannicksburg Virginia

13. NAME Christian Bain Price

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

15. MAIDEN NAME Sarah Mustard

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

17. INFORMANT (ADDRESS) Elizabeth Price Shenandoah, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Mo DATE March 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to 3-5, 1939

I last saw h. alive on _____, 1939 Death is held to have occurred on the date stated above, at 3:00 AM

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

Perforation of spleen & intestines with fatal hemorrhage

Date of onset March 3 1939

Other contributory causes of importance: Arthritis & Embolus of prostate 1925

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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 _____, 1939

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) Clara Vaughn, M. D.

(Address) Tarkio Mo

19. FUNERAL DIRECTOR (ADDRESS) Clara Vaughn Tarkio Mo

20. FILED Mustard 1939 Clara Vaughn Local Registrar.

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, W. B. Cunniff, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. B. Cunniff

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. B. Cunniff

Licensed Embalmer No. 3381

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.)