

Registration District No. **79**

Primary Registration District No. **4047**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone **3**
 (b) City or town Sturgeon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 years
 years, months or days

3. (a) PRINT FULL NAME William Winston Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 4-1862
 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Dalton Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Price

13. Birthplace Va.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Susan Payne

15. Birthplace Va.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Price

(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof Dec. 10-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La. Plata

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon, Mo.

19. (a) Dec. 9-1939 (b) W. H. Price
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
 (c) City or town Sturgeon
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
 year 1939 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 6
 _____, 1939, to Dec 8, 1939;
 that I last saw him alive on Dec 8, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Bronchitis with Haemorrhage Duration 3 days

Due to Automobile accident

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 2. 1. D. M.

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 6-39

(c) Where did injury occur? Sturgeon Boone Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work Outing (Specify type of place) (e) Means of injury Struck by car

28. Signature W. H. Price (M. D. or other) MD

Address Sturgeon Mo Date signed 12/9-39

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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. MAKE A PERMANENT RECORD

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.