

Registration District No. 322

Primary Registration District No. 5446

Registrar's No. 3

REC'D FEB 7

1. PLACE OF DEATH:

(a) County Springfield
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R # 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 yr. 1 Mo. 8 days
In this community 86 yr. 1 Mo. 8 days
years, months or days

8. (a) PRINT FULL NAME JOHN ARSON PRICE

8. (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 Dec. 22 (Month) (Day) (Year) 1853

8. AGE: Years 86 Months 1 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Springfield (City, town, or county) (State or foreign country) no. 0

10. Usual occupation Retired farmer

11. Industry or business Own farm

12. Name Jerry & Effie Price

18. Birthplace Jenn. (City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Sumner

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

16. (a) Informant Mrs. J. Price

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellview Cemetery

18. (a) Signature of funeral director J. W. King

(b) Address Springfield, Mo. 293

19. (a) 2-1-1940 (Date received local registrar) (b) Allan Barnes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. R # 10 (If rural, give location) Franklin Ins.
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30 year 1940 hour 12 hour minute _____ M.

21. I hereby certify that I attended the deceased from 1/28/40, 1940 to 1/30, 1940; that I last saw him alive on 1/29/40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 12 hr

Due to _____
Due to _____

Other conditions Decompanying heart
(Include pregnancy within 3 months of death)
lesion

Major findings: _____
Of operations: _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. E. Feller (M. D. or other) _____
Address Springfield, Mo. Date signed 1/31/40

Duration
12 hr
10 hr
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

William J. [Signature]

Licensed Embalmer No.....

4071

P. O. Address.....

Springfield

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.