

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14461

Do not use this space.

MAY 13 1941

1. PLACE OF DEATH
 (a) County CALLAWAY Registration District No. 104
 (b) Township FULTON, Mo Primary Registration District No. 3008 Registered No. 105
 (c) City FULTON, Mo (d) Street No. MISSOURI HOSPITAL No. 1 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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CLARA PRICE
 (a) Residence, No. JEFFERSON CITY, Mo. 0 St. (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 Negro 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) 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 ? ?

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 9

FATHER
 13. NAME D.K.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER
 15. MAIDEN NAME D.K. 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Hospital Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Grounds DATE April 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Thomas
302 Market St. Fulton Mo.

20. FILED Apr 15 1940 R. M. Craun Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 11 1940

22. I HEREBY CERTIFY, That I attended deceased from July 8 1939, to April 11 1940
 I last saw her alive on April 11 1940 Death is said to have occurred on the date stated above, at 6:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset D.K.

Other contributory causes of importance: JP

Name of operation clinical Date of
 What test confirmed diagnosis? Laboratory 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?
 If so, specify
 (Signed) John Black, M. D.
 (Address) Fulton, Mo.

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 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.