No. 2
-11-10-39
5-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17918

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 563

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 4 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits write "RURAL")

(d) Street No. 1316 Ridenbaugh (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oma Maxine Price, 620

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-10-0873

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Willis A. Price,

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June 15th. 1917 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	11	2	hr. min.

9. Birthplace Guilford, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation Clerk,

11. Industry or business Kresge Store,

FATHER
12. Name John Q. Beggs,
13. Birthplace Guilford, (City, town, or county) Missouri, (State or foreign country)

MOTHER
14. Maiden name Ora Zetta Nelson,
15. Birthplace Nodaway County, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Willis A. Price

(b) Address 1316 Ridenbaugh Street,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5/20/40. (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton-McGale Bowman Funeral

(b) Address 319 So. 10th. Street, Home

19. (a) 5/20/40 (Date received local registrar) (b) H. J. Nistlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th. year 1940 hour 12:00 minute 20 p.M.

21. I hereby certify that I attended the deceased from May 5, 1940, to May 17, 1940 that I last saw her alive on May 17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Landry's Disease	12 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

81 A

Major findings:
Of operations none

Of autopsy Shows no abnormal findings

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) no

(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? — (Specify type of place)

85

While at work? — (e) Means of injury

23. Signature H. W. Kearly (M. D. or other)

Address St Joseph Mo Date signed 5-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Summerfield

Licensed Embalmer No. 3007

P.O. Address 319 So. 10th St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.