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

FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19283

Registration District No. 701 Primary Registration District No. 5930 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Polk rural mailing
(b) City or town Balmar Mo Polk
(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) 2
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk.
(c) City or town Balmar rural
(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.

3. (a) PRINT FULL NAME Martha Jane Price 620
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. F. Price
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 14 (Day) 1847 (Year)
8. AGE: Years 92 Months 8 Days 23 If less than one day hr. min.
9. Birthplace Polk County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Keeping - 1
11. Industry or business 9
12. Name James Buchanan
13. Birthplace (City, town, or county) Alabama (State or foreign country)
14. Maiden name Matilda Daly
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs. Lena Stonebarger
(b) Address Balmar, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-9-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Gilead Cemetery
18. (a) Signature of funeral director Walter Crumm
(b) Address Balmar, Mo. 630
19. (a) (Date received by local registrar) May 8 1940 (Registrar's signature) F. Robert

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1940 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from May 1, 1940 to May 7, 1940 that I last saw h alive on May 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiovascular renal syndrome	1 yr
Due to: arteriosclerosis general	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(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)
While at work? (e) Means of injury

23. Signature D. E. Nelson (M. D. [redacted])
Address Balmar Mo Date signed

(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.....

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.