

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21821

State File No. \_\_\_\_\_

Registration District No. 338 Primary Registration District No. 5479 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison (Adams Puff)  
(b) City or town Gilman City, Mo. Rural  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME LEONARD ROY PRICE 620

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 single

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

7. Birth date of deceased Nov 18 1897  
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Trenton, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Trammy 0

11. Industry or business State of Mo.

12. Name Alva P. Price 0

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

14. Maiden name Lillian E. Braun

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

16. (a) Informant Alva P. Price

(b) Address Gilman City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bluebirds Cemetery

18. (a) Signature of funeral director W. W. Haines

(b) Address Gilman City, Mo.

19. (a) July 8, 1940 (Date received local registrar) (b) J. W. Wappler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Gilman City, Mo. 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 120

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 cause, 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? 30%

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

23. Signature Joe E. Wheeler (M.D. or other) Coroner

Address Bellevue, Mo Date signed May 26

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

MOTHER FATHER

RECEIVED

District Health Officer No. 111

District File Number

740-1229

Date Filed

JUL 15 1940

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

*W D Haines*

Registered Apprentice No.

working under my personal supervision.

Signed *W D Haines*

Licensed Embalmer No. *942*

P. O. Address *Hilman City Mo.*

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.