

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.

FILED AUG 5 1940
FILED AUG 5 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25838
Do not use this space.

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 1, 604
 (b) Township Lafayette Primary Registration District No. 57918
 (c) City Corning (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Price
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Student
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1921
 7. AGE YEARS 19 MONTHS 4 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning, Mo.
 13. NAME James N. Price
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.
 15. MAIDEN NAME Luelle Shepard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning, Mo.
 17. INFORMANT (ADDRESS) James N. Price
Corning, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo. 7/18/40
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. M. Payne
Portageville, Mo.
 20. FILED 9/17 1940 Wm. H. O'Bannon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1940
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Drowned - while swimming
 Date of onset _____

Other contributory causes of importance: 1/2
2/10
5
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 7-17, 1940
 Where did injury occur? Corning, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury drowned while swimming
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L. H. Roberts coroner, new modis.

RECEIVED

District Health Officer No. _____

District File Number 840-12

Date Filed 8/5/40

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25838**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **604**

Primary Registration District No. **6798**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **La Font**
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME

George Price

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex **M**

5. Color or race **W**

6. (a) Single, ~~widowed~~, married, divorced **Student**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Mar 17 - 1921**
(Month) (Day) (Year)

8. AGE: Years **19** Months **4** Days **0**
If less than one day _____ min.

9. Birthplace **Corran**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name of father **James N. Price**

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

14. Maiden name of mother **Luella Sheppard**

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

16. (a) Informant **James N. Price**

(b) Address **Corran Mo.**

17. (a) _____ (b) Date thereof **7/18/1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville**

18. (a) Signature of funeral director **P. M. Payne**

(b) Address **Portageville Mo.**

19. (a) **9/15/1940** (b) **Wm N. O'Bannon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. M.**

(c) City or town **Corran**
(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 **July** day **17**
year **1940** hour _____ minute _____ 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 _____

Deceased while swimming

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
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) **accident**

(b) Date of occurrence **Corran Mo. 7/17/40**

(c) Where did injury occur **Corran Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**
(Specify type of place)

While at work? **while swimming**

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

IPPDIWENT

