

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27580

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3214

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 21 3915 Manheim Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. one year (Specify whether years, months or days)
In this community Sallie G. Price

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3915 Manheim Road
(If rural, give location)
(e) If foreign born, how long in U. S. A? Price years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th
year 1940 hour 7:0 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 15th 1939 to August 14, 1940
that I last saw her alive on August 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis due to arteriosclerosis

Due to Senility accompanied by arteriosclerosis

Due to 92 H

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?

23. Signature LeRoy Goodman M.D. (Specify type of place) (e) Means of injury
Address 1103 Grand Ave Kansas City Mo Date signed Aug 14 1940

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME SALLIE G. PRICE
3. (b) If veteran, name war
8. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

(b) Name of husband or wife Frank N. Price 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Sept 23 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 9 If less than one day 7 hr. 45 min.

9. Birthplace Berry, Ill (City, town, or county) Ill (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name E. W. Glogg

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

14. Maiden name Sarah J. Stanford (State or foreign country)

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

16. (a) Informant C. C. Price - Son

(b) Address 2331 Europe Ave Kan City Mo

17. (a) burial (b) Date thereof 8 (Month) 1940 (Year)
(c) Place: burial or cremation Harrisonville Mo.

18. (a) Signature of funeral director Rampenbuegers

(b) Address Harrisonville Mo.

19. (a) Aug. 14, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

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 *Ernest D. Reinmeyer*

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.