

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28395

Do not use this space.

1. PLACE OF DEATH

(a) County Dekalb Registration District No. 263
 (b) Township Dallas Primary Registration District No. 5366 Registered No. _____
 (c) City Santa Rosa, Mo. or _____ (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

(a) Residence, No. James B. Price (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia J. Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) I/17/1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 7

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. Retired Farmer
 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) K. Y.

13. NAME Calvin Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. Y.

15. MAIDEN NAME Eliza White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. Y.

17. INFORMANT (ADDRESS) Robert Price
Santa Rosa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 8/27/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Brown
Pattonburg Mo

20. FILED Sept 4 1940 James Fitzgerald
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24/1940, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1940, to Aug 24, 1940
 I last saw her alive on Aug 24, 1940 Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: 9410

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? _____ Date of injury _____, 1940
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John Foster M. D.
 (Address) Pattonburg Mo

RECEIVED

District Health Officer No. 11,
District File Number 740-1343
Date Filed SEP 9 1948

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 *L. S. Brown*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

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

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