S. No. 2
—11-10-39
. 5-17-39
P I X21492

9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35033

NOV 19 1940

Registration District No. 153 Primary Registration District No. 5217-4087 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Freeman Mo.
(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 2 (Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Freeman
(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 WILLIAM LAFFYETTE PRICE

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 Widowed

6. (b) Name of husband or wife Mary Ann Price

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

7. Birth date of deceased Aug. (Month) 13 (Day) - 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	16	hr. min.

9. Birthplace Grundy Co. (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Retired Farmer 1

11. Industry or business

FATHER
12. Name Laffyette Price 9
13. Birthplace Vermont. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary J. Moon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Price

(b) Address Freeman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo.

18. (a) Signature of funeral director Geo. E. Myers

(b) Address Cleveland Mo.

19. (a) 11-2-40 (Date received local registrar) (b) Mrs Pearl Suddarth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 25, 1940, 19 to Oct 29, 1940 that I last saw — alive on Oct 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris. & Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
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? 146 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. M. Scott (M. D. or other) 1

Address Harrisonville Mo Date signed Oct 31 1940

(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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland, 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.