

Registration District No. 165

Primary Registration District No. 5231

Registrar's No. 48

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.

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Stockton Mo TP # 31
(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) 2

3. (a) PRINT FULL NAME John H Price
8. (b) If veteran, name war 2 8. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 4 (Month) (Day) (Year) 1882

8. AGE: Years 57 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name William A Price
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name McPherson
15. Birthplace Cedar Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Price
(b) Address 1280 Boland St, Richmond Mo

17. (a) Burial (b) Date thereof Nov-17-40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spring Springs Mo

18. (a) Signature of funeral director J. E. Ward
(b) Address Springfield Mo

19. (a) Nov 15 (b) Mad Minnie Bartlett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sac
(c) City or town Stockton Mo Rural (If outside city or town limits, write "RURAL")
(d) Street No. S. E. 6 miles of Stockton (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov 15 day _____ year 1940 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from Nov 15 to Nov 15, 1940 that I last saw him alive on Nov 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho Pneumonia
Due to influenza
Due to _____
Other conditions 11/15 (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 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? _____
at 35 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature James H. Stohert (M. D. or other) M.D.
Address 11 Stockton Mo Date signed 11-15-40

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 J. W. Ward
Licensed Embalmer No. 2832
P. O. Address Greenfield, N.H.

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.