

FILED FEB 14 1941

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(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 William T Price

8. (b) If veteran, name war ✓ 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 Margaret Ann Price 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 12 1871
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Med 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retail Merchant

11. Industry or business Jewelry

MOTHER FATHER { 12. Name Stella Price
13. Birthplace Virginia (City, town or county) (State or foreign country)

{ 14. Maiden name Mary Ellen Brock
15. Birthplace Virginia (City, town or county) (State or foreign country)

16. (a) Informant Mrs Will T Price

(b) Address Harrisonville Mo

17. (a) burial (b) Date thereof 1-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director RUNNER-BURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) 1/16/41 (b) Seckesley
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville
(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 Jan day 14
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 2 1940, to Jan. 14 1941; that I last saw him alive on Jan. 14 1941; and that death occurred on the date and hour stated above.

Immediate cause of death MI

Mitral Regurgitation

Due to Myocardial Degeneration

Due to _____

Other conditions (include pregnancy within 3 months of death) 92A

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? 845
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. S. Triplett, M.D. (M. D. or other) D

Address Harrisonville, Mo Date signed 1-16-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
1
0

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 Runniburger

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.