

FILED FEB 17 1941
Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2398 days (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Seymour
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1941 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 22, 1934, to January 14, 1941, that I last saw him alive on January 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Confluent left Bronchitis pneumonia - early - apyrexial
Due to Influenza 8 days
Due to Pulmonary He. for advanced c. rt. pneumothorax 7 yrs.
Other conditions (Include pregnancy within 5 months of death) _____
13 B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations: _____
Of autopsy as above

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

23. Signature James W. Crum (M. D. or other) _____
Address 1111 Harrison Mo Date signed 1-15-41

3. (a) PRINT FULL NAME Lawrence Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 11, 1920
(Month) (Day) (Year)

8. AGE: Years 20 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace North Knoxia North Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Edwin A. Price

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

14. Maiden name Becker Germany

15. Birthplace Ger 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, - Record Clerk

(b) Address Mo. S. San. Mt. Vernon, Mo

17. (a) Removal (b) Date thereof 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diggins

18. (a) Signature of funeral director H. K. Kellieff

(b) Address Seymour Mo

19. (a) 1-15-41 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 61

District File No. 141-218

Date filed FEB 7 1941

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 *H. K. Kelley*

Licensed Embalmer No. 3334

P. O. Address *Hymer 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.