

RECEIVED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3316**

Registration District No. 478 Primary Registration District No. 4574 Registrar's No. _____

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Anderson
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald
(c) City or town Anderson
(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.

3. (a) PRINT FULL NAME Charinda E. Price
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day seventh (7th)
year 1941 hour 10 A.M. minute _____ M.

4. Sex Fe. 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 Jan. 17 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-6-41
January 6th 1941 to January 9th 1941;
that I last saw her alive on January 9th 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 11 Days 20 If less than one day
hr. _____ min.

Immediate cause of death Asphyxia
(Coronary Thrombosis)
Due to arteriosclerosis
Due to 94

9. Birthplace Goodman, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Wm. C. Price
13. Birthplace McDonald Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Charinda Bowman
15. Birthplace McDonald Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Price
(b) Address Anderson, Mo.
17. (a) Burial (b) Date thereof 1-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anderson, Mo.

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

18. (a) Signature of funeral director M. H. Snow
(b) Address Anderson, Mo.
19. (a) 1-7-41 (b) Mrs. Lee Harper
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Smith (M.D. or other) W. B. Smith
Address Anderson, Missouri Date signed 1-24-41

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

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RECEIVED

District Health Officer No. 6

District File No. 141-225

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~~

was not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

M. V. Snow

Licensed Embalmer No. *4034*

P. O. Address *Anderson, 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, fact should be so stated above.