No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10014

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 74

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

10
2
4

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co Hosp'l
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 109 Willis Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Price
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Georgia Eliza Price
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October (Month) 4 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	15	hr. min.

9. Birthplace Loutre Island-Warren Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Lemuel Price
13. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Quick
15. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Georgia Eliza Price
(b) Address 109 Willis St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Loutre Island
18. (a) Signature of funeral director R. Wilcott
(b) Address Columbia, Mo.
19. (a) 3/20/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 3.45 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on March 19, 1941; and that death occurred on the date and hour stated above:

	Duration
Immediate cause of death Hypostatic pneumonia.	
Due to Uremic poisoning.	
Due to Chronic nephritis.	
Other conditions (Include pregnancy within 3 months of death)	

131 b

Major findings: Of operations Enlarged prostate.
Of autopsy not done.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robert H. Simpson (M. D. or other) M.D.
Address Columbia, Mo. Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.