

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1498

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H. C. T. B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo. 20 da.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 69
(c) City or town Florida
(If outside city or town limits, write "RURAL")
(d) Street No. C.C. Camp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Price John Mr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 2/5. Color or race negro 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 3-13-1998
(Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation C.C. Camp.

11. Industry or business _____

MOTHER FATHER
12. Name Price George
13. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Miller - Myrtle
15. Birthplace Wymour Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Kansas City Tuberculosis Dept
(b) Address Kansas City Mo.
17. (a) Burial (b) Date thereof 4-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director M. M. Crowe
(b) Address Richmond Mo.
19. (a) Apr 15, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1941 hour 5⁰⁰ P.M. minute 15 M.

21. I hereby certify that I attended the deceased from 12-24-
1940, to 4-14-
1941;
that I last saw him alive on 4-14-
10⁰⁰ a.m., 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death tuberculosis

Due to 13 1/2

Due to 13 1/2

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.

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?

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

23. Signature Albert H. ... (M. D. or other) _____
Address _____ Date signed 4-14-41

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

8
3
8

#5

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.....

working under my personal supervision.

J.B. Brothers
Registered Apprentice No.

Signed.....

Brothers Funeral Home
J.B. Brothers
Licensed Embalmer No. *2001*

P. O. Address.....

Richmond 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.