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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14622

Registration District No. 322

Primary Registration District No. 5446

Registrar's No. 7

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield Franklin Co.  
(c) Name of hospital or institution R.F.D. # 10  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(d) Street No. 0  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME O. HORACE PRICE

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

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MYRTLE PRICE  
6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased JANUARY 8 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 28  
If less than one day hr min

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

10. Usual occupation Stretcher truck driver

11. Industry or business Fusco R.R. Co.

12. Name Thomas J. Price

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

14. Maiden name Wada Wood

15. Birthplace Mo. 81  
(City, town, or county) (State or foreign country)

16. (a) Informant G.M. Price

(b) Address Springfield, Mo.

17. (a) Date thereof 4-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Cemetery

18. (a) Signature of funeral director W.K. Lingenfelter

(b) Address Springfield, Mo.

19. (a) Date received local registrar Apr 14 1941  
(Registrar's signature) Dallas Barnes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1941 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr. 5, 1941, to Apr. 6, 1941;  
that I last saw him alive on Apr. 5, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis several years  
+ Abr. myocarditis years  
Due to: with decompensation  
Due to: Rheumatic heart dis. ?

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
(a) Means of injury  
23. Signature Arthur Knight (M. D. or other)  
Address 400 W. Canal St. Date signed 4-7-41

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

RECEIVED

Greene County Health Office,

County File Number 41-5-58

Date Filed 5/12/41

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

*William M. [Signature]*

Licensed Embalmer No. 4071

P. O. Address [Signature]

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.