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

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17122

Registration District No. 399 Primary Registration District No. 1602 Registrar's No. 1784

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: George H. Nettleton Home, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years, (Specify whether

In this community 21 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

(c) City or town Kansas City, (If outside city or town limits, write "RURAL") 3

(d) Street No. 5125 Swope Parkway, (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 21 years, 0 years.

3. (a) PRINT FULL NAME Miss Chrissie R. Price,

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife x

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased June (Month) 24 (Day) 1856 (Year)

8. AGE: Years 84 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John Price,
13. Birthplace (City, town, or county) England, (State or foreign country)

MOTHER
14. Maiden name Emma Mason,
15. Birthplace (City, town, or county) England, (State or foreign country)

16. (a) Informant Nettleton Home,

(b) Address 5125 Swope Parkway, K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 4, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1 day 3, year 1941 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to May 3, 1941; that I last saw her alive on May 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Uraemia + Arteriosclerosis

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John G. Lapp (M. D. or other) M.D.

Address 1314 Professional B Date signed 5/3/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lapp

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 Felix Rey

Licensed Embalmer No. 4127

P. O. Address Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.