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16

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether In this community 11 days years, months or days)

3. (a) PRINT FULL NAME Bavue Ross Price

3. (b) If veteran, name war World War #1

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Married divorced

6. (b) Name of husband or wife Ethel Snow Price

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 21st, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>9</u>	<u>6</u>	hr. min.

9. Birthplace Carlisle County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Daniel Natus Price

13. Birthplace Carlisle County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Hettie Frances Hays

15. Birthplace Carlisle County Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Price,

(b) Address Morley, Missouri

17. (a) Removal & Burial (b) Date thereof 5-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington, Kentucky

18. (a) Signature of funeral director Lair-Nunnelee

(b) Address Charleston, Mo

19. (a) 5-27-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Morley--Gen Del
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 41 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 5/16, 1941, to 5/27, 1941;

that I last saw him alive on 5/27, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS

Due to APPENDICITIC FC

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Appendicitis acute

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 J. M. Thompson (M. D. or other) J. M. Thompson
Address Cape Girardeau Date signed 5/27/41

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

MAY 23 1946

JUN 3 1946

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, ^{AND} or by

John F. Nunnelee Jr.
working under my personal supervision.

LICENSE # 3851
Registered Apprentice No.

Signed *E. E. Nunnelee*

Licensed Embalmer No. 4164

P. O. Address *Charleston, W. Va.*

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

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