

6. 2  
13-40  
7-39  
X23159

Register **FILED AUG 15 1941**

Primary Registration District No. 2001

Registrar's No. 533

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Community Welfare  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months  
(Specify whether)

In this community 5  
years, months or days

3. (a) PRINT FULL NAME JULIA BEDELL PRICE

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex 7-3 5. Color or race negro

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

6. (b) Name of husband or wife Albert Price

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

7. Birth date of deceased March 1 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name Nathan Bedell

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

14. Maiden name Mary Calvin

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

16. (a) Informant Mrs Lillie Looney

(b) Address 1346 - N. Rogers City

17. (a) Burial (b) Date thereof July 3 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director H. Y. Smith

(b) Address 707 - N. Jefferson

19. (a) 7-3-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Mo (b) County Greene

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

(d) Street No. Spfld Community Welfare  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1941 hour 20 minute 4 M.

21. I hereby certify that I attended the deceased from 9/18  
1940 to July 2 1941

that I last saw her alive on July 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic  
Duration:

Due to old age  
Cerebral apoplexy

Due to Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1346

Of operations

Of autopsy

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

Signature W. E. Handley (M. D. or other) 0

Address 1020 Sherman Date signed

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

**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.....

*H. V. Smith*

Licensed Embalmer No. *8824*

P. O. Address *702 - 74 - Jefferson*

**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.**