

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27464
Registrar's No. 3122

Registration District No. 277

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Mary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Over 2 weeks
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")
(d) Street No. 312 No. Oakley
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Baldwin Price
(b) If veteran, name war _____ (c) Social Security No. 702-18-0241

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 15
year 1941 hour 12:35 AM minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 10, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30, 1941 to Aug 15, 1941
that I last saw him alive on Aug 14, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 10 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Embolism Duration Unknown

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

Due to Thrombosis left iliac vein - Secondary to Left Phlebitis - for removal of calculus

10. Usual occupation Section Foreman

Other conditions 1940
(Include pregnancy within 3 months of death)

11. Industry or business Missouri Pacific RR

MOTHER FATHER { 12. Name William Price
13. Birthplace Don't Know 9

Major findings: Of operations Stom - jejunis cyst Kidney
Of autopsy as above

14. Maiden name Eucinda Weatherford
15. Birthplace Tennessee

16. (a) Informant Mrs. Fred Von Kaenel
(b) Address Savannah, Mo.

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? _____

17. (a) Burial (b) Date thereof 8-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Ind. Mo.

18. (a) Signature of funeral director R. V. Lindsey & Sons
3811 Broadway
(b) Address 3718/41

23. Signature R. E. Carter (M. D. number) 0
Address 1002 Ogden Date signed 8-18-41

19. (a) 8/18/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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.....

Leon A. Stewart

Licensed Embalmer No..... *4177*.....

P. O. Address..... *Kansas City, 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.