

5-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3982

FILED JAN 30 1942  
Registration District No. 887

Primary Registration District No. 45-38

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: Washington  
 (a) County Washington  
 (b) City or town Potosi town  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME ALICE PRICE  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Child  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 11 41  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis Price  
 13. Birthplace Bless Mo U  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Rula  
 15. Birthplace Richwood Mo O  
 (City, town, or county) (State or foreign country)

16. (a) Informant Louis Price  
 (b) Address Potosi Mo

17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)

(c) Place: burial or cremation Richwood  
Le. In Spahr

18. (a) Signature of funeral director Potosi Mo  
 (b) Address \_\_\_\_\_

19. (a) 12-27-1941 (b) Joseph L. Thurman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Washington  
 (c) City or town Potosi  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
 year 41 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to 12/20/41, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on 12/24/41, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia  
 Due to following Flu  
 Due to for cold

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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. L. Thurman (M. D. \_\_\_\_\_) 12/27/41  
 Address Potosi Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 142-95  
Date Filed 1-15-42

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**