

14144

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 6 1942

Registration District No. 224

Primary Registration District No. 4132

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Bunceton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
Entire Life  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Bunceton  
(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.? Native years.

3. (a) PRINT FULL NAME Robert Price

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jannie Price 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 15 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 21 hr. min.

9. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Retired  
Farm

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

12. Name Thomas Price

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

14. Maiden name Mildred Miles  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Jannie Price

(b) Address Bunceton, Missouri

17. (a) Burial (b) Date thereof 4/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Col Genetery

18. (a) Signature of funeral director Janeell & Richards

(b) Address Lepton Mo

19. (a) Apr 13-42 (b) Wm. W. W. Robson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1942 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from Aug,  
1941, to April 12, 1942  
that I last saw in alive on April 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Myocardium (?)

Due to \_\_\_\_\_

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

Major findings: 83a  
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 R. Keely (M. D. or other) \_\_\_\_\_  
Address Bunceton Mo Date signed 4/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39  
U.S. GPO: 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 5-5-42

JUL 14 1951

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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jamell E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton 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, above space should be left blank.