

FILED MAY 14 1942

Registration District No. 669

Primary Registration District No. 4363

Registrar's No. 49

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: 306 W BROOK
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL")

(d) Street No. 306 W. BROOKS 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HOUSTON CURRY PRICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOULA PRICE 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased SEPT 27 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace MT VERNON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation TRAVELING SALESMAN

11. Industry or business RETIRED

MOTHER FATHER

12. Name JAMES PRICE

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

14. Maiden name LOUISE CURRY

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

16. (a) Informant Ossie Price
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof APR 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF CEMETERY

18. (a) Signature of funeral director _____
(b) Address NEOSHO, MISSOURI

19. (a) 4-3-1942 (b) Barley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2
year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 20 1939 to April 2 1942
that I last saw him alive on April 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 2 days

Due to Hypertension

Due to _____

Other conditions Carcinoma Prostate
(Include pregnancy within 3 months of death)

PHYSICIAN

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 0

23. Signature C. E. Mares (M.D. or other) _____
Address Neosho Mo. Date signed 4/3/1942

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

73
23
2

RECEIVED

District Health Officer No. 6,

District File Number 542-483

Date Filed MAY 13 1942

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

Ogle Stone Jr.

Licensed Embalmer No. 4126

P. O. Address Wesley 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.