

FILED JUL 13 1942

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
87th and Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 yrs
(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. 1001 Munroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Louise Price

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased. March 5, 1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 3 Days 24 If less than one day..... hr..... min.

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

10. Usual occupation Schoolgirl

11. Industry or business.....

12. Name Wm. Price Jr.
13. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliz. Gregory
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Price
(b) Address 1001 Munroe

17. (a) Burial (b) Date thereof July 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elnwood Cemetery

18. (a) Signature of funeral director Barbara Rose
(b) Address 7406 Wornall Rd. K.C. Mo.

19. (a) July 6-1942 (b) R. V. Lindsey & Sons
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29
year 42 hour 5:30 minute PM

21. I hereby certify that I attended the deceased from 6/29 to 6/29, 1942; that I last saw him alive on 6/29 and that death occurred on the date and hour stated above.

Immediate cause of death Death by drowning

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83-3

Major findings: Of operations 36

Of autopsy autopsy

22. If death was due to external causes, specify the following:

(a) Accident, suicide, or homicide (specify) Accident 048

(b) Date of occurrence 6/29/42

(c) Where did injury occur? 87th & Prospect River
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pond

While at work? No (Specify type of place) (e) Means of injury 6/30/42

23. Signature Opps atch (M. D. or other) 6/30/42
Address Law Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
0
0

1152

on Anna's head

(License Embalmer's Statement on Reverse Side)

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.....

Harilyn Roe....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harilyn Roe*.....

Licensed Embalmer No. *2810*.....

P. O. Address *P. O. Box*.....

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.