

FILED AUG 12 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2839**

48
8/20/42
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Mos & 10 days**
In this community **20 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1654 Washington**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME

George Price

3. (b) If veteran, name war **No**

3. (c) Social Security No. **486-10-3160**

4. Sex **Male** **0**

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 **April 24 1897**
(Month) (Day) (Year)

8. AGE: Years **45** Months **3** Days **2** If less than one day **hr. min.**

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

10. Usual occupation **Printer**

11. Industry or business

12. Name **Price**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie McIntire**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Minnie Reddin**
(b) Address **1654 Washington**

17. (a) **Burial** (b) Date thereof **7-28-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Mrs. C.L. Forster**
(b) Address **Kansas City, Mo.**

19. (a) **7-27-42** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26th** year **1942** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **3-17-42** 19... to **7-26-42** 19... that I last saw him alive on **7-26-42** 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of neck**

Due to **55E**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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) Means of injury **0**

23. Signature **Dwight R. Thom** (M. D. or other) **0**
Address **Med. Dir. K.C. Gen. Hospital** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Theron A. Redmon*.....

Licensed Embalmer No. *2737*.....

P. O. Address *K. L. 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.