

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26934

State File No.

FILED SEP 10 1942
Registration District No. 68

Primary Registration District No. 5267

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: Highlandville

(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)

In this community: 2 1/2 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Christian

(c) City or town: Highlandville

(d) Street No.: Rural

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Charley E Price

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug, day: 30, year: 1942, hour: 1, minute: 55 A.M.

21. I hereby certify that I attended the deceased from: Mar 30, 1942 to Aug 30, 1942

that I last saw him alive on: Aug. 29, 1942

and that death occurred on the date and hour stated above.

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Anna Price

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: Sept 27, 1892 (Month) (Day) (Year)

Immediate cause of death: Heart, base of Brain with embolism

Due to: Tuberculosis of lungs

Due to:

8. AGE: Years: 50, Months: 11, Days: 2, If less than one day: hr. min.

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

10. Usual occupation: Farmer

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 136

Of autopsy:

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business:

12. Name: Peter Price

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

14. Maiden name: Mary Jane Viles

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

16. (a) Informant: Mrs Anna Price

(b) Address: Highlandville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 31 '42 (Month) (Day) (Year)

(c) Place: burial or cremation: Mc Fall Cemetery

18. (a) Signature of funeral director: T. B. Chaffin

(b) Address: Ozark, Missouri

19. (a) Aug 31 1942 (Date received local registrar) (b) Mrs Mallon Stine (Registrar's signature)

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?

(Specify type of place)

While at work? (e) Means of injury:

23. Signature: J H Wade (M. D. or other)

Address: Ozark, Mo. Date signed: 9-3-42

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

22
0
0

1279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 942-1217

Date Filed SEP 8 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.