

Registration District No. 1827

Primary Registration District No. 3060

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 3 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Dawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. General Delivery Dawn, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Hadley 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 S O  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 20 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name H. Hadley Price  
13. Birthplace Dawn Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothea Snoderly  
15. Birthplace Maryville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hadley Price

(b) Address Dawn, Missouri.

17. (a) Dawn, Mo. (b) Date thereof 11-24-'42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri,

19. (a) Nov 24-1942 (b) hou Ella Curry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1942 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to Nov 23 1942  
that I last saw him alive on Nov 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease since birth  
Duration \_\_\_\_\_

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

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

Other conditions 1572  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_

23. Signature P. B. Norman (M. D. or other) \_\_\_\_\_

Address Chillicothe, Mo Date signed 11/23/42

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

59  
2-2

59  
0  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

..... E. R. Norman ....., Registered Apprentice No.....  
working under my personal supervision.

Signed ER Norman .....

Licensed Embalmer No..... 2374 .....

P. O. Address..... Chillicothe, 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.