

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10487**
Registrar's No. **9**

Registration District No. **151**

Primary Registration District No. **5573**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Blue Springs. (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 1/2 mi west / Sincen bar top**
(If north hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 mo**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Blue Springs (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 1/2 mi west**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Elizabeth Mary Price**
(b) If veteran, name war **-**
(c) Social Security No. **68.7-01-7314**

4. Sex **F m** 5. Color or race **w** 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 **June 15 1874**
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **3** If less than one day **-** hr. **-** min.

9. Birthplace **Mo. ~~Ind. 1874~~**
(City, town, or county) (State or foreign country)

10. Usual occupation **clerk**

11. Industry or business
12. Name **Wm Price**
13. Birthplace **South Wales**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary George**
15. Birthplace **South Wales**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Geo. House**
(b) Address **Blue Springs Mo**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **3-22-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cem. K.C. Mo**

18. (a) Signature of funeral director **Stans. M. Lane Ind. P.**
(b) Address **3235 Quinlan Pl. K.C. Mo**

19. (a) **Mar 25-43** (Date received local registrar) (b) **John Lawson** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar** day **19** year **1943** hour **10** minutes **15** AM.
21. I hereby certify that I attended the deceased from **February 4** 19**43** to **Mar 19** 19**43** that I last saw him alive on **Mar 17** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Amnesia Secondary to Carcinoma of lower colon**
Due to **Carcinoma of lower colon**
Due to **-**

Other conditions (Include pregnancy within 3 months of death) **H6**
Major findings: Of operations **H6**
Of autopsy **-**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **No**
(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 **F. W. Tuttle M.D.** (M. D. or other) Address **Blue Springs Mo** Date signed **3/19/43**

Duration **unknown**
PHYSICIAN **-**
Underline the cause to which death should be charged statistically.

APR 21 1958

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 *Wm. J. Pearson*
Licensed Embalmer No. *4135*
P. O. Address *3235 Julian Drive*

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.