

FILED APR 7 1943
Registration District No. 31243

Primary Registration District No. 6070

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

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Missouri, Mo. Rt.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1. T. Deane Inn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: about three years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Harry Edward Price

3. (b) If veteran, name war: 0

3. (c) Social Security No.: No.

4. Sex: male

5. Color or race: W

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

6. (b) Name of husband or wife: Harry Elsie Jacobs Price

6. (c) Age of husband or wife if alive: 51 years (Day) (Year)

7. Birth date of deceased: Sept. 9 1889 (Month) (Day) (Year)

8. AGE: Years: 54 Months: 4 Days: 17 If less than one day: hr. min.

9. Birthplace: Bonnetville, Mo. St. Francois (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: Merchant

12. Name: Edward Price

13. Birthplace: Don't know (City, town, or county) (State or foreign country)

14. Maiden name: Miss Robinson

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

16. (a) Informant: Hellen Bequette daughter

(b) Address: Farmington, R#3

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 29 Jan 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Libertyville

18. (a) Signature of funeral director: Cope Funeral Home

(b) Address: Farmington, Mo.

19. (a) Mar. 19, 1943 (Date received local registrar)

(b) Boydie Buhmester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo

(b) County: St. Francois

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

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

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 26 year: 1943 hour: 5:00 minute: AM

21. I hereby certify that I attended the deceased from: Dec 8 to Jan 26 1943

that I last saw him alive on: Jan 25 1943

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

Immediate cause of death: Obstruction of Bowels

Due to: Adhesions following operation Dec 8th 1942

Due to: strangulated inguinal hernia Dec 8th

Other conditions: lactic acidosis

Duration
1
20

Major findings: strangulated inguinal hernia with bands adhering

Of autopsy: None from other operations since year previous

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: F. C. Slaughter (M. D. or other)

Address: Fredericktown, Mo. Date signed: 1/28/1943

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District Health Officer No. 4
District File Number 443-1981
Date Filed 4-5-43

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 me, Registered Apprentice No. _____, working under my personal supervision.

Signed C. H. Kogea
Licensed Embalmer No. 4884
P. O. Address Farmington, Vt.

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.