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M-5-42  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15738

State File No. ....

Registrar's No. 56

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Uenue  
(b) City or town Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No 3 Nevada  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 mos & 23 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bank  
(c) City or town Udall Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Udall  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME Richard Harry Price

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Nme

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Cara Price 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased 3 / 22nd / 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months - Days 19 If less than one day hr. min.

9. Birthplace Bank Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Cecil Price  
13. Birthplace Lynch Virginia (City, town or county) (State or foreign country)  
14. Maiden name Jarar Virginia Caldwell  
15. Birthplace Preps Mo (City, town, or county) (State or foreign country)

16. (a) Informant State Hospital No 3  
(b) Address Nevada Mo

17. (a) Removal thereof 4 / 12 / 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rest Plains Mo

18. (a) Signature of funeral director Ferris Funeral Home

(b) Address 4-11-43 Nevada Mo

19. (a) 4-11-43 (b) Bozel B. Bourick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th  
year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 18th 1942, to April 10th 1943 that I last saw him alive on April 9th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Luetic mening. Encephalic

Due to.....

Due to.....

Other conditions Hypertensive Heart Dis  
(Include pregnancy within 9 months of death)

Major findings: Of operations 30 f

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) (c) Means of injury.....

23. Signature G. S. Waraich (M. D. or other) nevada  
Address nevada Date signed 4/10/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

108  
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RECEIVED  
District Health Officer No. 7,  
District File Number 4-43-179  
Date Filed 5-7-43.

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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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*J. B. Ferry*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.**