

S. No. 2
DM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20571
2769

Registration District No. 149 Primary Registration District No. 1002 State File No. Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 719 Olive /
(d) Length of stay: In hospital or institution 10 Months
In this community 10 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 719 Olive Kansas City
(d) Street No. 719 Olive
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME DELORIS FAY PRICE
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 17, 1943
year hour 12 minute 45 P.M.

4. Sex Female
5. Color or race White
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 August 25, 1942

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him and that death occurred on the date and hour stated above.
Deputy Coroner
Immediate cause of death: Broncho pneumonia

8. AGE: Years Months Days If less than one day
9 22 hr. min.

Due to Measles
Due to 35

9. Birthplace Kansas City Missouri

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings: Of operations

11. Industry or business None

Of autopsy Inspection & history

12. Name Dallas O. Price
13. Birthplace Kansas City, Missouri
14. Maiden name Archa Denney
15. Birthplace Kansas City, Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Martha D. Price
(b) Address 719 Olive

17. (a) Burial (b) Date thereof 6-21-43
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 6-20-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature P. E. Brown (M. D. or other) M. D.
Address 2318 McCoy Date signed 6/17/43

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

MOTHER FATHER

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..... *W.D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *R.C. 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.