

FILED AUG 11 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3315

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
 In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 300 North Brighton Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

48
3
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3. (a) PRINT FULL NAME Mr. James Truman Price

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Florence Poe Price 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 1st 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Ford Motor Company

12. Name James Price

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Poe Price

(b) Address 300 North Brighton Avenue

17. (a) Burial (b) Date thereof July 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Forest Hill Cemetery

18. (a) Signature of funeral director P. E. Brown
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-30-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28
year 1943 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from JULY 14
1943 to JULY 28, 1943
that I last saw him alive on JULY 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CORONARY OCCLUSION 3 yrs

Due to ARTERIOSCLEROTIC HEART DISEASE Yrs

Due to GENERALIZED ARTERIOSCLEROSIS Yrs

Other conditions: SUB-ACUTE PNEUMONIA 2 wks
(Include pregnancy within 3 months of death) EMPHYSEMA Yrs

Major findings: 940
Of operations _____

Of autopsy _____

Duration
3 yrs
Yrs
2 wks
Yrs
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 Jessie Shering (M. D. or other) M.D.
Address 1103 Grand Ave Date signed 7-29-43

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.....

R. C. Mc...

Licensed Embalmer No. 4043

P. O. Address R. C. Mc...

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.