

FILED AUG 14 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3354

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/11/43 18 days
(Specify whether years, months or days)

In this community 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2308 Chestnut Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY LOU PRICE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Mr. John B. Price

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 18 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	7	13	hr. min.
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9. Birthplace Cooksville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Ferris

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

14. Maiden name Unknown Bell

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

16. (a) Informant John B. Price

(b) Address 2308 Chestnut Avenue

17. (a) Burial (b) Date thereof Aug. 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd

19. (a) 8-2-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1943 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 22, 1943 to July 31, 1943
that I last saw her alive on July 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to 12:2

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations

Of autopsy Hypertrophy & dilatation of heart

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 _____ Means of injury _____

23. Signature William R. Thom (M. D. or other) _____
Address Med. Dir. K.C. General Hosp. Date signed 7/31/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *H. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address..... *St. Charles*

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.