

S. No. 2
FORM 5-42
REV. 5-1-40
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27953**

FILED SEP 11 1943

Registration District No. **64** Primary Registration District No. **4109** Registrar's No. **38**

1. PLACE OF DEATH

(a) County **Chariton**

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

(c) Name of hospital or institution **South Part of Keytesville**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

In this community **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Chariton**

(c) City or town **Keytesville Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1st**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **I. D. LEE PRICE**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

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

6. (b) Name of husband or wife **Charles Price** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Nov. 22nd 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	7	26	0 hr. 0 min.

9. Birthplace **Armstrong Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **M. B. Williams**

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

14. Maiden name **Mary Jane Shroyer**

15. Birthplace **Armstrong Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ed. Carleton**

(b) Address **Keytesville Mo.**

17. (a) **Buried** (b) Date thereof **Aug. 19-1943**
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation **Keytesville Mo.**

18. (a) Signature of funeral director **Wm. J. Lammert**

(b) Address **Keytesville Mo.**

19. (a) **9/20/43** (b) **R. A. Helmig**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17th** 19**43**
year **1943** hour **8** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 18, 1943** to **August 17, 1943**
that I last saw her alive on **Aug 16, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Adeno carcinoma of body of uterus**

Due to **48 P**

Other conditions (Include pregnancy within 3 months of death) **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

While at work? **None** (Specify type of place) (e) Means of injury **None**

23. Signature **J. L. Loomis** (M. D. or other) **MD**
Address **Salisbury Mo.** Date signed **9-20-43**

Duration **?**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-10-43

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.....

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

Signed..... *H. O. Bennett*

Licensed Embalmer No. *3046*

P. O. Address..... *Key Traville 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.