

S. No. 2
-9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28681**
Registrar's No. **221**

FILED SEP 9 1943 184

Registration District No. **184**

Primary Registration District No. **2038**

1. PLACE OF DEATH:

(a) County **Linn**

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

(c) Name of hospital or institution: **Brookfield Hospital**
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **6 hours**
(Specify whether)

In this community **6** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Linn 58**

(c) City or town **MARCELINE**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Judith Ann Price**

3. (b) If veteran, name war **0**

3. (c) Social Security No. **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **17**
year **1943** hour **11** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug 17 1943** to **Aug 17 1943**
that I last saw him **0** alive on **0**, 19**43**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **0**

6. (c) Age of husband or wife if alive **0** years

7. Birth date of deceased **Aug 16 1943**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary atelectasis 36 hrs.**

Due to **0**

Due to **0**

Other conditions **16/2**
(Include pregnancy within 3 months of death)

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

0 0 0 36 hr. 0 min.

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

10. Usual occupation **0**

11. Industry or business **0**

MOTHER FATHER {

12. Name **Richard Price**

13. Birthplace **Chariton Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Wilma Berolene Stinwell**

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

16. (a) Informant **Richard Price**

(b) Address **Marceline Mo**

17. (a) **0** (b) Date thereof **Aug 18 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo Curry**

18. (a) Signature of funeral director **Jas. M. Laughlin**

(b) Address **Marceline Mo**

19. (a) **8-20-1943** (b) **J. W. Conner**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **0**

Autopsy **0**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? **0**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? **0** (Specify type of place) (a) Means of injury **0**

23. Signature **John W. Conner** (M. D. or other) **0**

Address **Marceline Mo** Date signed **8/18/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100

100

100

100

100

100

100

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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