

State File No.

Registrar's No.

NOV 1 1943  
 Registration District No. 149

Primary Registration District No. 1002

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

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 & location)  
 (d) Length of stay: In hospital or institution 8 days  
 (Specify whether years, months or days) 65 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. 3741 Wyoming  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Celestis Price  
 (b) If veteran, name war none  
 (c) Social Security No. none

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Edward J. Price  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Oct. 16 1866  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>2</u>	hr. _____ min.

9. Birthplace New Athens Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Andrew Estep

13. Birthplace no record Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Henderson

15. Birthplace no record Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Price

(b) Address 3741 Wyoming

17. (a) burial (b) Date thereof 10/20/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

18. (a) Signature of funeral director W. C. Brown

(b) Address 1901 Olathe Blvd.

19. (a) 10-19-43 (b) W. C. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18  
 year 1943 hour 10 AM minute 10 M.

21. I hereby certify that I attended the deceased from 10-10-43  
act 1943 to 10-19-43  
 that I last saw act alive on act 10/18/43  
 and that death occurred on the date and hour stated act 10/18/43

Immediate cause of death fracture of humerus & left hip Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 1860  
 Other conditions ✓  
 (Include pregnancy within 3 months of death) 18

Major findings:  
 Of operations ✓  
 Of autopsy ✓

PHYSICIAN  
 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) accident

(b) Date of occurrence 10-10-43 12:30

(c) Where did injury occur? Residential H.C. Mo.  
 (City or town) (County) (State)

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

While at work? ✓ (Specify type of place) (e) Means of injury Fall

23. Signature W. C. Brown (M. D. or other) MD

Address 1722 W 39 Date signed 10-19-43

Dr. Sewell  
39th Bell

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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. J. Ward*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67<sup>th</sup> St*

**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.