

FILED DEC 6 1943  
Registration District No. 14

Primary Registration District No. 5066

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

1. PLACE OF DEATH:  
(a) County Barton  
(b) City or town Rural South West  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Barton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Minden Mines, Mo. State  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE L. PRICE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Jamie Price 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 3 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name William 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. Puperk Warren

(b) Address Minden Mines, Mo. State Route

17. (a) Removal (b) Date thereof Sept 26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee, Okla.

18. (a) Signature of funeral director Ray H. Shigley

(b) Address Mc Comb, Tenn.

19. (a) Oct 9-1943 (b) Blanche Sackett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 24<sup>th</sup>  
year 1943 hour \_\_\_\_\_ minute 4:50 P.M.  
21. I hereby certify that I attended the deceased from Aug 20 1943 to Aug 24 1943  
that I last saw him alive on Sept 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Bowels  
Due to metastatic malignancy of Bowels  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None  
Major findings: Of operations None  
Of autopsy no  
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) \_\_\_\_\_  
(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 Geo J. Gish (M. D. or other)  
Address Minden Mines, Mo. Date signed 9-25-43

RECEIVED

District Health Officer No. 0,

District File Number 1143-1280

Date Filed NOV. 20 1943

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.....

*Roy H Shigley*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Roy H Shigley*

Licensed Embalmer No. 3117

P. O. Address We Care Kansas

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.