

FILED MAR 15 1944

Primary Registration District No. 4097

Registrar's No. 37

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

1. PLACE OF DEATH: Cars.

(a) County Harrisonville Mo

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Margaret Ellen Price

8. (b) If veteran,  name war ✓

3. (c) Social Security No. 1

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Will T. Price

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased July 19-1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business

MOTHER FATHER { 12. Name Taylor Norton

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

{ 14. Maiden name Virginia Bush

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

16. (a) Informant Mrs Oroyl L. Brookhart

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof March 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland RENNENBURGER'S

18. (a) Signature of funeral director HARRISONVILLE, MO

(b) Address March 5 1944 (c) Margaret Valle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

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

(d) Street No. 405 West Mechanic  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1944 hour 11 minute 30P M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941, to Feb. 26, 1944, that I last saw her alive on Feb. 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 928

Of autopsy \_\_\_\_\_

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 0

23. Signature J. S. Triplett, M.D. (M. D. or other) \_\_\_\_\_  
Address Harrisonville, Mo Date signed 3/6/44

Duration \_\_\_\_\_

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

*Ernest Runnburger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville 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, above space should be left blank.**