. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31668

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 163

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Desloge 94 (If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Larry Dean 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~~ Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 20 (Day) 1935 (Year)

8. AGE: Years 9 Months 2 Days 12 If less than one day — hr. — min.

9. Birthplace — (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business —

FATHER
12. Name DeLano G. Price
13. Birthplace — (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances E. Sneed
15. Birthplace — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Delano G. Price
(b) Address Desloge, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Parkview Cemetery - Farmington
18. (a) Signature of funeral director J. S. Boyer & Son
(b) Address Leadwood, Missouri
19. (a) 9-5-44 (Date received local registrar) (b) Forrest Robins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from By Request Duties, 19 Sept 5, 1944 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Primary Hemorrhage Jury Verdict, The deceased came to his death by a stab wound in left Chest inflicted by Jerry Center.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

167

Major findings:
Of operations
Of autopsy

Duration

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) Homocide
(b) Date of occurrence Sept. 1, 1944
(c) Where did injury occur? Desloge (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About Home (Specify type of place)
While at work? No (e) Means of injury Pairing knife

23. Signature Clarence Claywell (M. D. or other) Coroner
Address Bonne Terre Mo Date signed 9/5/44

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 944-4336

Date Filed 9-26-44

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 Melvin Miller, Registered Apprentice No. 367, working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.