

FILED DEC 7 1944

Registration District No. 122

Primary Registration District No. 2000

Registrar's No. 893A

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2746 N. Grant  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution.....  
In this community 40 year  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
(c) City or town Springfield Mo  
(If outside city or town limits, write "RURAL.") 3  
(d) Street No. 2002 N. Kansas Ave  
(If rural, give location) 6  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 1

3. (a) PRINT FULL NAME MINNIE A. PRICE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife JOHN T. PRICE 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased SEPT. 22, 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Lawrence

11. Industry or business

12. Name LELY MORROW

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

14. Maiden name MARCEL LEVANS

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

16. (a) Informant John T. Price

(b) Address 2002 N. Kansas Spfld. Mo

17. (a) Burial (b) Date thereof Nov 12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greendale

18. (a) Signature of funeral director W. H. Rogers, etc  
(b) Address Springfield Mo

19. (a) 11-17-44 (b) W. H. Standley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1944 hour 12 minute 40 AM.

21. I hereby certify that I attended the deceased from 4-1-44, 19....., to 11-10-44, 19.....;  
that I last saw h.s. alive on 11-10-44, 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus & Gangrene of Foot

Duration 2 yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 61

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).....

(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) (d) Means of injury 5

23. Signature W. H. Standley M.D. (M. D. or other)  
Address Springfield, Mo Date signed 11-11-44

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

39  
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5

984

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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.....

*Roy A. Gavin*

Licensed Embalmer No. *1963*

P. O. Address.....

*Springfield, 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.**

*X*