

FILED JAN 11 1945

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 70

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town PARIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: E. WASHINGTON ST  
(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 LIFE years, months or days

3. (a) PRINT FULL NAME SADIE B. PRICE

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HENRY PRICE 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased (Month) (Day) (Year) 1870

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace MONROE CO., MO. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER { 11. Industry or business

12. Name DAN BRIDGFORD  
13. Birthplace N.K. (City, town, or county) (State or foreign country)  
14. Maiden name LUCY WILSON  
15. Birthplace N.K. (City, town, or county) (State or foreign country)

16. (a) Informant J. A. Barnett  
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof DEC. 7 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Walter Blakely

(b) Address Paris, Missouri.

19. (a) 12-6-44 (b) M. Barnett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE  
(c) City or town PARIS (If outside city or town limits, write "RURAL")  
(d) Street No. E. WASHINGTON ST. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 5  
year 1944 hour 9 minute 52 P. M.

21. I hereby certify that I attended the deceased from Sept 17 1940 to Dec 5 1944;  
that I last saw her alive on Dec 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration None  
Due to Left Hemiplegia 1 wk.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d Of autopsy None PHYSICIAN None  
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 MI

23. Signature J. A. Barnett (M. D. MD)  
Address PARIS, MO. Date signed 12-6-44

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

990

RECEIVED

District Health Officer No. 10

District File Number 1-45-111

Date Filed JAN-9-1945

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 *Dwight L. Topley*

Licensed Embalmer No. *42285*

P. O. Address *Paris, Missouri*

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.