

Registration District No. 681845

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County GOOPER

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

(c) Name of hospital or institution:  
Alex Van Ravenswaay Hospital B  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 2 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN ?

(c) City or town RURAL - VERSAILLES  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM E. PRICE

3. (b) If veteran, ✓ name war \_\_\_\_\_

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17  
year 1945 hour 5 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Face IV

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

6. (b) Name of husband or wife DESSIE BLACK PRICE

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased JULY 7<sup>th</sup> 1889  
(Month) (Day) (Year)

Immediate cause of death Respiratory failure due to fracture of upper dorsal spine with cord lesion Duration 1 day

Due to fall from wagon.

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

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

55 7 10 hr. min.

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

10. Usual occupation FARMER

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name THOS PRICE

13. Birthplace MORGAN CO MO  
(City, town, or county) (State or foreign country)

14. Maiden name OLY SNOGRASS

15. Birthplace MORGAN CO MO  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Falls accident

(b) Date of occurrence Feb 15

(c) Where did injury occur? Versailles Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? at work (Specify type of place) (e) Means of injury 5

23. Signature Alex Ravenswaay (M. D. or other)  
Address Boonville Mo Date signed 2-17-45

16. (a) Informant Wm Busch Jr

(b) Address Versailles Mo

17. (a) Buried (b) Date thereof 2-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BULEAH CEMETERY

18. (a) Signature of funeral director W. F. Caldwell

(b) Address Versailles Mo

19. (a) Feb-19-45 (b) D. V. Chas. Swap  
(Date received local registrar) (Registrar's signature)

1088

RECEIVED  
District Health Officer No. 3,  
District File Number \_\_\_\_\_  
Date Filed 3-5-75

**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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed *H. F. Russell*

Licensed Embalmer No. 1596

P. O. Address *Russell, Va.*

**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.