

FILED APR 6 1945

Primary Registration District No. 3017

Registrar's No. 34

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE DAY  
(Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

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

(d) Street No. 112 WATER STREET  
(If rural, give location)

(e) Citizen of foreign country? NO (0) (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHRYN SUE PRICE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10th  
year 1945 hour 1:30 minute a. M.

21. I hereby certify that I attended the deceased from Mar 27, 1945, to Mar 10, 1945  
that I last saw her alive on Mar 9, 1945  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 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 FEBRUARY 12 1944  
(Month) (Day) (Year)

Immediate cause of death Pneumonia

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy Pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>0</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business INFANT

12. Name TAYLOR PRICE

13. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name OPAL GARRISON

15. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. TAYLOR PRICE

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 3/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 3-12-45 (b) Dr. Chas. Swap  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J.C. Beckwith MD (City or town) (County) (State) or other \_\_\_\_\_

Address Boonville Mo Date signed 3-12-45

1098

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

7  
10-1

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/5/45

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

*James W. Stegner*

Licensed Embalmer No.

3780

P. O. Address

Boonville, 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.