

FILED SEP 10 1945
199

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **JACKSON**
 (b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7216 SUMMIT STREET /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community **4 YEARS**
years, months or days

3. (a) PRINT FULL NAME **MR. CHARLES HOWARD PRICE**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **MRS. MARY ADALINE PRICE**
 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **OCTOBER 27 1868**
(Month) (Day) (Year)

8. AGE:
 Years **76** Months **10** Days **1**
 If less than one day _____ hr. _____ min.

9. Birthplace: **Versailles Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **RETIRED 4 YEARS**

11. Industry or business: **MERCHANT & GROCER, VERSAILLES, MO**

MOTHER FATHER

12. Name: **JUDGE JOHN E. PRICE**

13. Birthplace: **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name: **PATSY**

15. Birthplace: **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant: **MRS. MARY MARGUERITE GRIMES**

(b) Address: **7216 SUMMIT STREET**

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof:** **AUG 30 1945**
(Month) (Day) (Year)

(c) Place: burial or cremation: **VERSAILLES, MISSOURI**

18. (a) Signature of funeral director: **D. H. Newsome Sons**

(b) Address: **1401 BRUSH GREEN BLVD**

19. (a) 8-29-45 (Date received local registrar) **(b) Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **JACKSON**
 (c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7216 SUMMIT STREET**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **28TH**
 year **1945** hour **10** minute **20 A.M.**
21. I hereby certify that I attended the deceased from **7/15**, 19**44**, to **8/28**, 19**45**
 that I last saw him alive on **8/27**, 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **exhaustion**
 Due to **Sarcomatosis**
Hodgkin's disease
 Due to _____
 Other conditions **552**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations **Sarcoma**
lower left regional
 Of autopsy **no**
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)
 (a) Means of injury: _____
23. Signature: **Temp E. Bell** (M.D. or other) **MD**
 Address: **807 Wagoner Bldg** Date signed _____

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: *A. C. Neumann Jr.*

Licensed Embalmer No. *4043*

P. O. Address *N. C. 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.