No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3708

FILED JAN 22 1946

State File No.

Registration District No. 280

Primary Registration District No. 5964

Registrar's No. 68

1. PLACE OF DEATH:

(a) County platte

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

(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County platte 83

(c) City or town parkville Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 3 0
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles William price

3. (b) If veteran, name war 1st. World War

3. (c) Social Security No 487-01-0766

4. Sex M O

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Edith May price

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 24 (Day) 1900 (Year)

8. AGE: Years 45 | Months 9 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Mecca (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Trouble-Shooter

11. Industry or business Power & Light Co.

FATHER
12. Name Charles Henry price
13. Birthplace Indanna (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Pearl Bartley
15. Birthplace Indanna (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Edith May price
(b) Address R.R. # 3 parkville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetary

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City Mo.

19. (a) 1-3-46 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1945 hour 8 15 minute P. M.

21. I hereby certify that I attended the deceased from July, 1945 to Dec-31, 1945 that I last saw h ___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Thrombosis	4 days
Due to Generalized Coronary	
Due to Sclerosis	6 mos
Other conditions (Include pregnancy within 3 months of death)	

94a

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

23. Signature [signature] (M. D. or other)
Address 106 W. 14th St - K.C. Mo. Date signed 1-3-46

(Licensed Embalmer's Statement on Reverse Side)

227

FEB 7 1943

JAN 29 1946

JAN 23 1946

(Reverse)

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 John S. Norton

Licensed Embalmer No. 4349

P. O. Address North Kansas City 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.