

FILED APR 10 1946

Registration District No.

Primary Registration District No. 3032

Registrar's No. 32

1. PLACE OF DEATH: Johnson

(a) County Johnson

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

(c) Name of hospital or institution:
116 Ming St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 50 Yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 518 Grover St 2
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Laura Eliza Jane Price

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Month March day 8
year 1946 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 1, 1945, to 3-8, 1946
that I last saw her alive on 3-7, 1946
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, Widowed

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

7. Birth date of deceased June 3, 1884
(Month) (Day) (Year)

Immediate cause of death
Coronary occlusion 3 days

8. AGE: Years 81 Months 9 Days 13 If less than one day hr. min.

Due to Arteriosclerosis (Generalized) ?

9. Birthplace Lafayette Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Addison Hook

13. Birthplace Winchester Va. (City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Carlyle

15. Birthplace Winchester Va. (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 946

Of autopsy

16. (a) Informant Mrs. A. T. King

(b) Address Warrensburg Mo.

17. (a) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Mar. 8, 1946 (b) Savannah, Ga. (c) Registrar's signature
(Date received local registrar) (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)

(b) Date of occurrence

(c) Where did injury occur?

(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

Signature R. Lee Cooper M.D.
Address Warrensburg Mo. Date signed 3-8-46

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

51
22

147

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.....

J. Earl Priest

Licensed Embalmer No.....**3878**.....

P. O. Address.....**Warrensburg**.....**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.