

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26739

FILED SEP 10 1948

State File No. _____

Registration District No. 707

Primary Registration District No. 5393

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Douglas

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 1
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME George W. 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 Married

6. (b) Name of husband or wife Minnie Price 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 6, 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1946 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 6
1946 June 10, 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death: Uremia

Due to Chronic Nephritis 12 hr

Due to _____

Other conditions Chronic Magnitude 12 hr
(Include pregnancy within 3 months of death)

9. Birthplace Ozark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Price

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

14. Maiden name Sennia Dunnigan

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

16. (a) Informant Mrs Sam Young

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 6-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clankingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Aug 2 46 (b) Wesley Bealman
(Date registered local registrar) (Registrar's signature)

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)
White at work? _____ (e) Means of injury _____

23. Signature M. C. Gentry (M. D. or other)

Address Ava, Mo Date signed 6-14-46

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

34
0
0

25588

RECEIVED

District Health Officer No. 6,

District File Number 946-906

Date Filed SEP 4 - 1946

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..... W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Orlando, Fla

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.