

FILED AUG 27 1946

Registration District No. 219

Primary Registration District No. 4415

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Pike
(b) City or town: Clarksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike 82
(c) City or town: Clarksville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Robert George Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: Colored 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jessie Price 6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: May 20 1907
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 29
If less than one day hr. _____ min. _____

9. Birthplace: Clarksville Mo
(City or town or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business _____

12. Name: George Price

13. Birthplace: Clarksville Mo
(City or town or county) (State or foreign country)

14. Maiden name: Elizabeth Brewitt

15. Birthplace: Clarksville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: B. L. Younger Brown

(b) Address: Clarksville Mo

17. (a) Greenwood (b) Date thereof: Aug 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Harry Larroel

(b) Address: Clarksville Mo

19. (a) Aug 24 1946 (b) Suda Richard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19th
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death: gun shot in breast and ribs Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 166
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): homicide

(b) Date of occurrence: Aug 19 1946

(c) Where did injury occur: Clarksville Pike Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in tavern

While at work? no (Specify type of place) (e) Manner of injury: gun shot

23. Signature: S. A. [unclear]

Address: Clarksville Mo Date signed: Aug 24 1946

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

RECEIVED
District Health Officer No. 10
District File Number 8-46-1613
Date Filed AUG-26-1946

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Harry L. Carroll

Licensed Embalmer No. 2439

P. O. Address Chattanooga Tenn

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.