

No. 2
-2-43
-17-39
X35697

FILED SEP 24 1946
Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE

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

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

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

In this community ALWAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town LEBANON
(If outside city or town limits, write "RURAL")

(d) Street No. 315 SPILLER AVE 21
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME JAMES H. PRICE

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-10-6668

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1946 hour 4 minute 30 AM

21. I hereby certify that I attended the deceased from Aug. 26, 1946 to Aug. 30, 1946

that I last saw him alive on Aug. 30 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WIDA WALLICK

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: APR 22 1977
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Duration 1 hr.

8. AGE: 69 Years 4 Months 8 Days If less than one day
hr. min.

Due to Age

Due to Alcohol

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

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation MANAGER OF LUMBER YARD

Major findings:
Of operations CH4A

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER } 11. Industry or business _____

12. Name EDWARD PRICE

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

14. Maiden name JULIA A. KEYS

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

16. (a) Informant James H Price

(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 9-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Sept 13, 1946 (b) Orin Frankberger
(Date received local registrar) (Registrar's signature)

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 Callvanda (M. D. number) M.D.

Address: Lebanon, MO Date signed 9-3-46

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

Received 9-25-46
Laclede County Health Unit
File No. 8-46-130
Date Filed 9-25-46

JUN 8 1954

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. W. Bahner*

Licensed Embalmer No. *1161*

P. O. Address. *Lebanon 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.