

Registration District No. **38** Primary Registration District No. **3006**

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Columbia**
(c) Name of hospital or institution: **White Convalescent Home**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution **16 Days**
(Specify whether) **most of life**
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **K**

3. (a) PRINT FULL NAME **Jennie W. Price**
3. (b) If veteran, name war **X** 3. (c) Social Security No. **A**
4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Sterling Price** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 18 1862**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **9th**
year **1946** hour **4:30** minute _____ M.
21. I hereby certify that I attended the deceased from **11-6**
19**46**, to **11-9** 19**46**
that I last saw h. _____ alive on **11-7** 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **Labor Pains**
Duration **1 day**

8. AGE: Years **84** Months **8** Days **21** If less than one day _____ hr. _____ min.
9. Birthplace **Callaway Co Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business **House Wife**
12. Name **Robert G Anthony**
13. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know**
15. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)
16. (a) Informant **W. R. Price**
(b) Address **Columbia R. Route Mo**
17. (a) **Burial** (b) Date thereof **Nov 10-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cem**
18. (a) Signature of funeral director **R. Quiret**
(b) Address **Columbia Mo**
19. (a) **Nov 11 1946** (b) **Mrs R. E. Palmer**
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions **Broken hips**
(Include pregnancy within 3 months of death)
Major findings: **None**
Of operations _____
Of autopsy **None**
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **No**
(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?
While at work? **No** (Specify type of place) (e) Means of injury _____
23. Signature **W. R. Price** (M. D. or other)
Address **Columbia Mo** Date signed **11-11-46**

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

Date Filled 11/19/46

District File Number

District Health Officer No. **9**

RECEIVED

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 Lymon H. Sprinkle

Licensed Embalmer No. 1013

P. O. Address Columbia, 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.

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Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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

3. (a) PRINT FULL NAME

Jennie W. Price

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 18 (Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Direct of Labor Pneumonia
Due to 84 yrs.

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

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) Broken hip
(b) Date of occurrence Aug. 20-46
(c) Where did injury occur? Rituel bang, her house (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Yes (Specify type of place) Farmer's house (c) Means of injury _____

23. Signature W.P. Dyant (M. D. or other) M.D.
Address Columbia Mo. Date signed 12-6-46

SUPPLEMENTARY

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

34893

30071