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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 177

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1285

Primary Registration District No. 1002.

Registrar's No. 373

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 511 Gladstone Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 mon and 15 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jackson 48 3

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Gladstone 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MICHAEL WAYNE PRICE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MALE

5. Color or race W.

6. (a) Single, widowed, married, divorced S. O

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct (Month) 16 (Day) 1946 (Year)

8. AGE: Years | Months 3 | Days 25 | If less than one day ..... hr. ..... min.

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

10. Usual occupation infant

11. Industry or business —

FATHER
12. Name Thomas H. Price
13. Birthplace Arcola (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Georgia Langford
15. Birthplace Knewill (City, town, or county) Mo (State or foreign country)

16. (a) Informant Thomas H. Price

(b) Address 511 Gladstone

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Mo

18. (a) Signature of funeral director [illegible]

(b) Address Kansas City Mo

19. (a) 1-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 26 day ..... year 1947 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 22 1947, to Jan 26, 1947, that I last saw him alive on Jan 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	5 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations [signature]
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)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 1/26/47

(Licensed Embalmer's Statement on Reverse Side)

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. P. Shell

Licensed Embalmer No.....

P. O. Address. 6606 2nd ave K C,

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.