

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7771
Registrar's No. 8

Registration District No. 6 Primary Registration District No. 3001

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Vandalia, Mo.
(c) Name of hospital or institution:
501 N. Walnut
(d) Length of stay: In hospital or institution
In this community 62 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Vandalia
(d) Street No. 501 N. Walnut
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Linnie Blanch Price

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife John M. Price
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May 17 1871

8. AGE: Years 75 Months 10 Days 4

9. Birthplace New Salem, Illinois

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name George B. McKinney
13. Birthplace Ohio
14. Maiden name Edith Hedger
15. Birthplace Illinois

16. (a) Informant Mrs. Gail Rial
(b) Address Vandalia, Mo

17. (a) Burial (b) Date thereof 3/23/47
(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director W. S. Waters
(b) Address W. S. Waters, Vandalia, Mo

19. (a) March 23 1947 (b) Thallie Fuguo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mch day 21
year 1947 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 1946 to March 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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

While at work? (Specify type of place)
(c) Means of injury D

23. Signature W. S. Waters (M. D. or other)
Address Vandalia Mo Date signed 3/23/47

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

RECEIVED
District No. 10
District File Number 3-47-27
Date Filed MAR 26 1947

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.....

Wm B. Waters

Licensed Embalmer No.....

4169

P. O. Address.....

Vandalia 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.