

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
325 Marshall Street  
(If not in hospital or institution, write street number or location)

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

In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 325 Marshall Street  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sebert Price

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsie Price

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 27 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1947 hour 4 minute 11 M.

21. I hereby certify that I attended the deceased from Dec 30 1946 to March 21 1947  
that I last saw him alive on March 20 1947  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Manchester, England  
(City, town, or county) (State or foreign country)

10. Usual occupation Music Teacher

Immediate cause of death Coronary-Renal  
Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 93D

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Sebert Price

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

14. Maiden name Emily Lester

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

16. (a) Informant Mrs Sebert Price

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Mar-22-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ever View Cemetery

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

(b) Address Jefferson City, Missouri

19. (a) 3-22-47 (b) [Signature]  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo Date signed 3/22/47

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

65-6

26  
4  
5

Duration  
5 yrs.

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

68

Date Filed 7/13/67

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 *Matthew Jones Jr.*

Licensed Embalmer No. 4419

P. O. Address Johnson City

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.