S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21140

Registration District No. 197 Primary Registration District No. 1002 Registrar's No. 2497

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

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: 2449 Olive Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2449 Olive Avenue 8
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME George Ann Price

3. (b) If veteran, name war No

3. (c) Social Security No. UNk.

4. Sex Female 3

5. Color or race Negro

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

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

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

7. Birth date of deceased January 18, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	17	..... hr. ..... min.

9. Birthplace Columbus, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name George Williams
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Williams
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sophie Price
(b) Address 2517 Wabash

17. (a) Burial (b) Date thereof 6/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Avenue

19. (a) 6-7-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour 2 minute 10 A M.

21. I hereby certify that I attended the deceased from May 24, 1947, to June 5, 1947
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 83a	PHYSICIAN
Of autopsy —	Underline the cause of 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 — 0

23. Signature J. Wallingham (M. D. or other)

Address Kansas City, Mo. Date signed June 6 1947

Jefferson City Printing Co. (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.....I. Jerome Marlowe.....

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.