

FILED SEP 13 1947

Registration District No. 36

Primary Registration District No. 6257-4538

Registrar's No. 20

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town PIEDMONT  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 11 1/2

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James West Price

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4  
year 1947 hour 10 minute - A.M.

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife if LUTISHIA HARRIS

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

7. Birth date of deceased FEB 17 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 3 1947 to Aug 4 1947  
that I last saw him alive on Aug 3 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension and arteriosclerosis

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

10. Usual occupation FARMER

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

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

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

12. Name William Price

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

14. Maiden name LUCINDA HOLLEMAN

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

Major findings: Of operations 83A

Of autopsy \_\_\_\_\_

16. (a) Informant BERTHA RACHEL SKILES

(b) Address 8116 IOWA ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof AUG 6 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POTTER CEM-

18. (a) Signature of funeral director William Colver

(b) Address Piedmont, Missouri

19. (a) Aug 9 1947 (b) Susie E. Piles  
(Date received local registrar) (Registrar's signature) 240

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 0

23. Signature L. E. Young (M. D. or other) \_\_\_\_\_

Address Piedmont, Mo. Date signed 8/8/47

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

10

RECEIVED

Health Officer No. 4  
Number 947-1170  
9-10-47

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.....

Codee Funeral Home, Registered Apprentice No.....  
working under my personal supervision.

Signed William Codee

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.