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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38369

Registrar's No. 4864

Registration District No. 149

Primary Registration District No. 1002

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:
Residence, 524 Wallace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)
 In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 524 Wallace
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country NO

3. (a) PRINT FULL NAME

JOHN M. PRICE, JR.

3. (b) If veteran, name war none

3. (c) Social Security No. 494-12-5170

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Oct. 15, 1922
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 4
 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name John M. Price, Sr.

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

14. Maiden name Rose Newerdine

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

16. (a) Informant Mr. John M. Price, Sr.

(b) Address 524 Wallace K. C. Mo.

17. (a) burial (b) Date thereof 11/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director W. E. Walker

(b) Address Independence, Mo.

19. (a) 11-20-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
 year 1947 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death circulatory failure Duration _____

Due to hypertrophy of the heart

Due to rheumatic heart disease

Other conditions (deputy coroner)
(Include pregnancy within 3 months of death)

Major findings: see above

Of operations see above

Of autopsy see above

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) _____
 (Specify type of place) _____
 (Specify type of place) _____

23. Signature W. E. Walker (M. D. or other) _____
 Address 2800 Main St. Date signed 11/20/47

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

MOTHER FATHER

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.....

R.A. Lisle

Licensed Embalmer No. *4123*.....

P. O. Address..... *Independence, 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.