No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39285

Registration District No. 294-33 Primary Registration District No. 600-8-5116 Registrar's No. 1-9-6

1. PLACE OF DEATH:

(a) County Randolph Boone

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

(c) Name of hospital or institution: RFD # 2 Clark 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 25 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Rural 10
(If outside city or town limits, write "RURAL")

(d) Street No. RFD # 2 Clark
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LINDA ANITA PRICE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July-30-1947 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Kenneth Price
13. Birthplace Huntsville Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Juaneta Stogsdell
15. Birthplace Powhatan Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Price
(b) Address RFD # 2 Clark Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.

19. (a) Aug 24-47 (Date received local registrar) (b) Gale William Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1947 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from 30 July 47, 19, to 3 Aug 47, 19; that I last saw her alive on 2 Aug 47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart failure — Duration Birth

Due to Cardiac respiratory failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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

23. Signature Hearrold Jr DO (M. D. or other) DO

Address Sturgeon Mo. Date signed 8/24/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1946

RECEIVED
District Health Officer No. 10
District File Number 12-47-169
Date Filed DEC 10 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.

Infant Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39285

Registration District No. 33 ✓ Primary Registration District No. 5116 ✓ Registrar's No. 196

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Clark #2
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DEASCED:
(a) State Mo (b) County Boone
(c) City or town ~~Sturgeon~~ Clark, Rt #2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Linda Aneta Price
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 30 1947 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Infant
FATHER
12. Name Kenneth Price
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Juanita Stogsdell
15. Birthplace (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Kenneth Price
(b) Address Clark, Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 4-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Jan. 15-1948 (Date received local registrar) (b) Thelma J. Estepp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30 Day
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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
23. Signature O J Carroll (M. D. or other) D.O.
Address Sturgeon, Mo Date signed

SUPPLEMENTARY