

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 695

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(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 Maudie Melvina Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. E. Price 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 29 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Zeffie Underwood

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

14. Maiden name unknown

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

16. (a) Informant Wilma Moody
(b) Address Bernie, Missouri

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-48
(Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery Malden

18. (a) Signature of funeral director Louise Funeral Home
(b) Address Campbell, Missouri

19. (a) 1-14-48 (Date received local registrar) (b) J. D. Khourey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1948 hour _____ minute 11:25 p. M.

21. I hereby certify that I attended the deceased from Jan 3 to Jan 4, 1948, that I last saw her alive on Jan 4 and that death occurred on the date and hour stated above.

Immediate cause of death Bladder Hemorrhage

Due to Carcinoma of bladder

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature J. E. Rutledge (M. D. or other) MD
Address Campbell, Mo Date signed 1/19/48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number

148-128

Date Filed

1-19-48

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.