No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3710

Registration District No. 349 Primary Registration District No. 4514 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green City
(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 Life

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Mo (b) County Sullivan
(c) City or town Green City
(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 Lee O. Price

3. (b) If veteran, name war —

3. (c) Social Security No. 486-12-7175

4. Sex M O

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 7 (Month) 21 (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 9 If less than one day ___ hr. ___ min.

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

10. Usual occupation Day laborer

11. Industry or business

FATHER
12. Name John Price
13. Birthplace St Charles (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Frances England
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Eva Price
(b) Address Green City

17. (a) Mt Zion (Burial, cremation, or removal) (b) Date thereof 2 (Month) 2 (Day) 1948 (Year)
(c) Place: burial or cremation Mt Zion Cem

18. (a) Signature of funeral director Glenn E Kent & Son
(b) Address Green City Mo

19. (a) Feb. 5-48 (Date received local registrar) (b) Lura Shaw (Registrar's signature) 2114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 30th year 1948 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Jan 5, 1948, to Jan 30th, 1948, that I last saw him alive on Jan 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death total obstruction bile duct suspected cancer

Due to of Liver & Gall Bladder

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

Duration

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) none
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none

23. Signature Guy W. Cobb Jr (M. D. or other) 2
Address Green City Mo Date signed 2-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District ... 2.48.25
FEB -9 1948
Date ...

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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.