No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19625

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 2499

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K.C. 3
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 8
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Edward E. Price
3. (b) If veteran, name war World War I & II
3. (c) Social Security No. 353-07-4649

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced div 5
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
app 47 hr. min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Cab Driver 9
11. Industry or business 9
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs A Price
(b) Address 531 N Wabash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft Leavenworth Kans
18. (a) Signature of funeral director Sebbetas
(b) Address City
19. (a) 6-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6
year 1948 hour 6 00 minute a M.
21. I hereby certify that I attended the deceased from Coroner, 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 Coronary sclerosis	
Due to arterio sclerosis	
Due to Presumably natural Causes	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
Of autopsy no
History & Inspection

PHYSICIAN
Underline the cause of 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 James C Walker 3 (M. D. ~~or other~~) Coroner
Address 1424 Jefferson Mo Date signed 6-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 28 1948

MAY 29 1957

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 Russell N Franc

Licensed Embalmer No. 4255

P. O. Address K C 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.