FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 9 1948

Registration District No. 174

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3035

State File No. 23438

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Lafayette St. 1 (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 Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54 3 2

(c) City or town Lexington (If outside city or town limits, write "RURAL") 0

(d) Street No. Lafayette St. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA VIRGINIA PRICE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife THOMAS A. PRICE

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

7. Birth date of deceased 9 (Month) 11 (Day) 1857 (Year)

8. AGE: Years 90 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace LEXINGTON (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name DANIEL CHAMBERS
13. Birthplace VA. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ZLIZ COX
15. Birthplace VA. (City, town, or county) (State or foreign country)

16. (a) Informant MRS G. W. FREDENDALL

(b) Address LEXINGTON, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON, MO

18. (a) Signature of funeral director Forrest F. Tempel

(b) Address Lexington Mo

19. (a) 6-3-48 (Date received local registrar) (b) Mmmc E Eachlin (Registrar's signature) 15 10

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 6 day 2 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec ....., 1947 to June 2, 1948 that I last saw her alive on June 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

Due to —

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

Major findings: Of operations — 9 3 2

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) —

(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 Ben H Brasher (M. D. ~~or other~~)

Address Lexington Mo Date signed 6-3-48

(Licensed Embalmer's Statement on Reverse Side)

Brashe

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-48

US MAR 1 1963

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.