

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

State File No. A 125230
Registrar's No. 120

FILED JUL 23 1948

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County VEYNON
(b) City or town NEVADA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McCAYT HOME 402 North Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution some time
(Specify whether
In this community all life in county
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County VEYNON
(c) City or town NEVADA
(If outside city or town limits, write "RURAL")
(d) Street No. 424 S LYNN
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA BELL PRICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour _____ minute _____ A.M.
21. I hereby certify that I attended the deceased from May 30 1948, to July 18 1948; that I last saw her alive on 4 July and that death occurred on the day and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERT PRICE 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased FEB 17 1878
(Month) (Day) (Year)

Immediate cause of death Chronic Cardiovascular, renal disease (history) 2 yrs
Due to _____
Due to _____

8. AGE: Years 70 Months 4 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WIFE

11. Industry or business NONE

MOTHER, FATHER { 12. Name THOMAS HILLIEY
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name MARTHA HILLE
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant GETTYLAE PRICE
(b) Address 321 E WALNUT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 6 1948 (Month) (Day) (Year)

(c) Place: burial or cremation HATWOOD MO

18. (a) Signature of funeral director Frank Furman

(b) Address Nevada Mo
19. (a) 7-14-48 (Data received local registrar) (b) Walter Jancy (Registrar's signature)

Other condition Sarcoidosis 5 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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) _____
(a) Means of injury _____

23. Signature Walter Jancy (M. D. or other) _____
Address Nevada Mo Date signed 7-12-48

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

RECEIVED

District Health Officer No. 7,

District File Number 818

Date Filed 7-22-48

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..... 

Licensed Embalmer No. 1760

P. O. Address Kenosha, Wis.

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.