FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31996

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 275

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1107 University Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 53 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: 1107 University Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARY PRICE
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Edwin M. Price
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 6 (Month) - 16 (Day) - 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
92	4	11	..... hr. ..... min.

9. Birthplace: H annibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business
FATHER
12. Name: Robert F. Lakenan
13. Birthplace: Fairfax (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name: Mary Moss
15. Birthplace: Shelby Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: R.B. Price
(b) Address: 1107 University Ave., Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 11-1-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1948 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Jan 1st 1948 to Oct 27 1948 that I last saw her alive on Oct 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Due to: Coronary arterio-sclerosis
Due to: age and the generalized arterio-sclerosis of senility
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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: [signature] (M. D. or other) M.D.
Address: Columbia Date signed Oct 28 1948

Nov 1st 1948

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

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

RECEIVED
District Health Officer No. 9,
District File Number
NOV 10 1948
Date Filed

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 Tom M Harey

Licensed Embalmer No. 4067

P. O. Address Columbia Mo

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

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