No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1948

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5034

39279

State File No.

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town "Rural" Prairie Township.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7½ mi. N.W. Laddonia, Mo.
(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) no yes.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rural.
(If outside city or town limits, write "RURAL")

(d) Street No. 7½ mi. N.W. Laddonia Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry A. Price.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida Mae Price

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June (Month) 25 (Day) 1868 (Year)

8. AGE: Years 80 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Utica, Ohio (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name David Price
13. Birthplace St. Louisville (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cynthia Ann Selby
15. Birthplace Utica (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Ida Mae Price
(b) Address Laddonia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia Cemetery

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address Laddonia, Mo.

19. (a) 12-7-48 (Date received local registrar) (b) Martin Kemper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1948 hour minute 6:30 P.M.

21. I hereby certify that I attended the deceased from Jan, 1948, to Dec 5, 1948 that I last saw him alive on Dec 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis — Duration Chronic

Due to

Due to

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

Major findings:
Of operations
Of autopsy

GHP

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 0

23. Signature W. K. McCall (M. D. or other)

Address Laddonia Mo. Date signed 12-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-46-213
Date Filed DEC 13 1946

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 John E. Maxwell, Registered Apprentice No. 352 working under my personal supervision.

Signed Clyde C. Filkey

Licensed Embalmer No. 3860.

P. O. Address Perry Miss

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

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