

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4109**

FILED MAR 14 1949

Registrar's No. **262**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 262	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		a. STATE Missouri		b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 South 15th Street				d. STREET ADDRESS (If rural, give location) 506 So. 15th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) R.		c. (Last) PRICE	
4. DATE OF DEATH		(Month) 3		(Day) 2		(Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-15-1867		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS (OR INDUSTRY) Farm		11. BIRTHPLACE (State or foreign country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Price		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Frances			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mayme Cundiff, 506 So. 15th St.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerular Nephritis				3 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) None					
		DUE TO (c) none					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				none 590X	
19a. DATE OF OPERATION noted		19b. MAJOR FINDINGS OF OPERATION noted				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5 Apr 1948 , to 2 March 1949 , that I last saw the deceased alive on 18 Jan 1949 , and that death occurred at 6:30 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. W. Tracy M.D.		23b. ADDRESS 405 Tootle Bldg St. Joseph Mo		23c. DATE SIGNED 4/12/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Mar. 7, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins		3822		25. FUNERAL DIRECTOR'S SIGNATURE John C. Rupp	
						ADDRESS St. Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1949

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, ~~only~~ _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

John E. Rupp

Signed _____
Student Embalmer

Licensed Embalmer No. *3986*

P. O. Address _____

St Joseph, 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.