

FILED JAN 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. 1328
179

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

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>19 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>810 Highland Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		3. NAME OF DECEASED a. (First) <u>CHARLEY</u> b. (Middle) _____ c. (Last) <u>PRICE</u>	
4. DATE OF DEATH <u>JANUARY 6 1950</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 10 1881</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>CHARLEY PRICE</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE DABNEY</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>	
16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HELEN PATTERSON</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEART FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
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) (Min.)		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 <u>12/31</u> , 19 <u>49</u> , to <u>1-6</u> , 19 <u>50</u> that I last saw the deceased alive on <u>1-6</u> , 19 <u>50</u> and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank Hill</u>		23b. ADDRESS <u>600 East 22nd Street</u>	
23c. DATE SIGNED <u>1-12-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>1/13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. School of Ascension</u>	
24d. LOCATION (City, town, or county) (State) <u>2105 Jackson K.C. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>	
DATE REC'D BY LOCAL REG. <u>1-13-50</u>		ADDRESS <u>HB Moore K.C. Mo.</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

HB Moore

Signed.....

Student Embalmer

Licensed Embalmer No. 2440

P. O. Address 1820 E 18 St

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.