

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7267  
Do not use this space.

1. PLACE OF DEATH  
(a) County Montgomery Registration District No. 590  
(b) Township \_\_\_\_\_ Primary Registration District No. 4348  
(c) City Mc Kittrick (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Price  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 11 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loutre Island

13. NAME Lemuel Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County

15. MAIDEN NAME Amanda Quick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County

17. INFORMANT (NAME) Mr. Lavender  
(ADDRESS) Mc Kittrick, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Loutre Island DATE Feb. 19, 1939

19. FUNERAL DIRECTOR (NAME) E. R. Raediger  
(ADDRESS) Hermann, Mo

20. FILED Feb. 19, 1939 Blanche Scholten  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 39 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939, to Feb 16, 1939.  
I last saw him alive on Feb 14, 1939. Death is said to have occurred on the date stated above, at 8:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy cerebral

Other contributory causes of importance:  
Arterio Sclerosis  
Asthma Bronchial

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. H. Baughill, M. D.  
(Address) Hermann Mo

**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.....

**Embalmed body myself**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2044**

P. O. Address **Hermann, -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, above space should be left blank.**