

1939 JUN 15 1939

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

19192
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City Hannibal (d) Street No. 505 North Fourth 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 145

2. PRINT FULL NAME

(a) Residence, No. 505 North Fourth St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad
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) Warsaw
(STATE OR COUNTRY) Illinois

13. NAME Edward Price

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Isabella Clark

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Price
505 North 4th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE May 1 1939

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral Home
(ADDRESS) Hannibal Missouri

20. FILED May 4 1939 H.C. Shelton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939

22. I HEREBY CERTIFY, That I attended deceased from April 21 1939 to April 28 1939
I last saw him alive on April 28 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset Apr 21

Other contributory causes of importance:

Cardiovascular renal & yrs. diabetes
Asian

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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) Glynn R. Miller M.D.
(Address) Hannibal, Mo.

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.

Dr. Glenn Miller

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.....

..... **Louis Quest**, Registered Apprentice No. **150**
working under my personal supervision.

Signed.....

Licensed Embalmer No. **3814**

P. O. Address: **Hannibal Missouri**

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.