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.

REC'D SEP 6 1939

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

28318
Do not use this space.

3320

1. PLACE OF DEATH
(a) County Jackson / Registration District No. 399
(b) Township or Raw / Primary Registration District No. 1002 / Registered No.
(c) City Kansas City / (d) Street No. Gen'l Hosp. No. 2 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (620) Brenda Price
(a) Residence, No. 631 Holmes 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: Fe
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4-1900

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
38	9	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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) Clarksville Miss /

FATHER
13. NAME Green Hill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville / Miss /

MOTHER
15. MAIDEN NAME Easter Funk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Miss.

17. INFORMANT (ADDRESS) Sarah Price 631 Holmes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE Aug. 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED 8-22 1939 M. M. Crane
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Pulmonary Edema	
Cerebral Encephalopathy	

Other contributory causes of importance:

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 ..., 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?
If so, specify
(Signed) ..... M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed Edw J Evans

Licensed Embalmer No. 3836

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.