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

FILED SEP 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28980

State File No. 13

Registration District No. 492 Primary Registration District No. 5652R Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) ~~City or town~~ Rural - Monroe Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home of David Admire - 4 miles west of Winfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Burr Oak Township - Rural
(If outside city or town limits write "RURAL")

(d) Street No. About 4½ miles N.W. of Winfield
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Miles Price 1.20

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Anna E. Price

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased December (Month) 17 (Day) 1852 (Year)

8. AGE: Years 87 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Lincoln County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation farming - retired

11. Industry or business ~~Miles Price~~

FATHER
12. Name Miles Price
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Eva Koster
(b) Address 4124 Carson Rd. - St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany - Foley, Mo.

18. (a) Signature of funeral director Gordon Sicks
(b) Address Winfield Mo.

19. (a) 9-6-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1940 hour 7 minute 30 p.M.

21. I hereby certify that I attended the deceased from Aug 28, 1940 to Sept 3, 1940 that I last saw him alive on Sept 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to arterial Sclerosis

Due to old age

Other conditions — 9 2 C
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 441 (Specify type of place)
While at work? (e) Means of injury —

23. Signature [signature] (M. D. or other)
Address Old Monroe Mo Date signed 9/5/40

(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.....O'Farlan Ricks

Licensed Embalmer No.....4012

P. O. Address.....Winfield, 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.