S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32022

Registration District No. 347 Primary Registration District No. 3029 Registrar's No. 26.0

064
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064
(c) City or town Hannibal 3 (If outside city or town limits, write "RURAL")
(d) Street No. 505 North Fourth 4 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Drake Price
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Clark
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 28, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	21	hr. min.

9. Birthplace Peoria Illinois (City, town, or county) (State or foreign country)
10. Usual occupation XX
11. Industry or business XX
FATHER
12. Name August Drake
13. Birthplace New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Augusta Morie
15. Birthplace Hartford Conneticut (City, town, or county) (State or foreign country)
16. (a) Informant Mary Spencer
(b) Address 505 North Fourth
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Olivet
18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) Sept. 23, 1941 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
year 1941 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from 8-31-41, 19 to 9-20, 1941
that I last saw her alive on 9-20, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 weeks
Due to Arteriosclerosis	5 yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations —	
Of autopsy	

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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Howard [illegible] (M.D. or other) MD
Address Hannibal Mo Date signed 9-22-41

4 X 4 (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 James A. Moles

Licensed Embalmer No. 3296

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, fact should be so stated above.